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Degeneracy.*

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In this progressive age with its advanced and rapidly advancing science medicine is keeping a fair pace with the other departments of science. The development and practical application of the germ theory in asepsis and antisepsis has revolutionized surgery and has rendered benign much that was formerly fatal. The microscope has made intelligent and methodic investigation possible and the scources from which infectious diseases come can now be definitely and accurately located, and pestilential epidemics can be and are averted by a strict adherence to and application of scientific methods which our modern knowledge affords. Hence the medical world is now more exercised than ever before in protecting the country against disease by controlling or preventing epidemics of typhoid fever, yellow fever, small pox, scarlet fever, avoiding the spread of tuberculosis, etc., in keeping with the old maxim, "An ounce of prevention is worth a pound of cure." Preventive medicine is the modern idea. An intelligent understanding of the cause or being able to locate the source in each instance makes such good work possible. The advancement made in that other branch of medicine which we name Psychyatry, or the study of the diseased, or abnormal mentality, has also been marked

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and eventful, but strange to say, the greatest of efforts have been made along other directions than the course pursued in medicine and surgery. Instead of devoting their best efforts to lines of study or investigation which might lead to a better knowledge of the scources or causes of psychoses, nearly all of the time and attention of alienists and neurologists have been occupied in devising classifications of the different manners by which abnormal brains manifest or exhibit their abnormalities—the manias, melancholias, paranoias, dementias, etc., ad infinitum, and by efforts to engage the attention and sympathy of legislation and phylanthropy to provide for the humane care, treatment, and support of this element of society which is dependent or dangerous or both by reason of mental disqualification. In other words (making use of the familiar allegory), all who have been interested have been kept busy at the foot of the precipice or cataract picking up and caring for the poor victims who have fallen over, and none have found time to ascend to the summit to ascertain why or how the fall occurs and whether something might be done to prevent others from staggering into the current which drifts them gradually toward this disastrous fall.

The term degeneracy in its usual and popular application and as it is generally understood, refers to those freaks of creation who attract much attention from the time of their birth or soon thereafter, by their marked physical, intellectual, or moral differences from the normal or the average in their race of mankind, such as the congenital malformations observed in Coetinism, the microcephalic and dwarfed idiot, or those social enigmas of moral and sexual perversity. Such are properly and correctly classed as degenerates, but these are only a few types and the term is by no means restricted to include only these marked and apparent monstrosities or miscarriages of nature; but degeneracy in its broad and comprehensive significance is that state of congenital lack, defect or decadence which either renders one abnormal from the beginning of individual life or renders him more liable, more prone, or predisposed to become abnormal mentally than the normal or sound individual; that which is transmitted or rather that which is given by progenitors to progeny which renders the latter unstable and easily unbalanced. It is in the latter broad sense that the term degeneracy shall be referred to here.

An optimistic view of conditions around us is always a happier and more cheerful one, and hence a more popular way of looking at matters. However, we should look facts squarely in the face whether they be encouraging or discouraging, not suffering ourselves to be deluded.

The fact is that psychoses of the various types are becoming much more frequent. The question is why?

In the beginning we recognize the difficulty in ascertaining the exact rate of increase of insanity, based on statistics, because figures of more ancient times are not available for comparison with the present, but by a careful retrospection at short range we are convinced there has been and is an increase and with some degree of accuracy the rate can be established.

In the United States the increase is seen from the following figures: In 1890 there were 170 insane to every 100,000 population; in 1903 there were 223.2 insane to every 100,000 population, showing an increase within thirteen years of more than 53 to every 100,000 population. (See note.) There were in the hospitals in the United States in 1890, 74,028 insane, while in 1904 there were 150,151, the number more than doubling in fourteen years. It appears then well established that insanity in the country is on an increase.

In the greatest number of cases mental aberrancy is not a distinct state or condition caused by environment, business cares, reverses, domestic troubles, over strain, or any of the many extraneous conditions acting upon an individual who previously has been normal and sound, as is the popular belief; but on the contrary insanity as a rule is merely a bringing out, exhibition or showing up, as it were, of an unsound or poorly organized brain, a neuropsychopathic constitution becoming manifest.

Note.—One is liable to be mislead by the figures shown in our last census, as the method of enumeration was different from that of preceding censuses. By act of congress, March, 1902, the enumeration of the insane was limited to those who were inmates of insane hospitals at the time of the enumeration, thus leaving unaccounted for, those who are outside of institutions, of which there were in 1890 more than 32,000.

in utero, forming a new individual in whom every composite cell is a part of the original cell, and hence a part of both father and mother, or is merely a continuation of them, and so on from one generation to another. Anything that weakens or injures this continuous line of life gradually, from generation to generation, lowers it toward degeneracy. A child must necessarily be merely an exponent of conditions prevailing at the time of conception. Age is to be considered. A child of young undeveloped parents will seldom show as much strength and as few weaknesses as a child of the same parents at the full developed age of 25 to 40 years. Also the offspring of senility when it occurs may be idiotic. Anything having an influence upon the health, strength and vigor of either parent about the time conception takes place, or upon the mother during the period of gestation, has its effect upon the new individual. Either parent poisoned by drugs that irritate or depress the nervous system at the time of conception or are habitual users of such may beget or bear a degenerate or at least a sufficiently neuropathic child to be in line for more positive marks of degeneracy in the succeeding generations. The constant or periodic drinker, the constant patron of the "nostrum" drug store, the constant users of patent headache powders and other sedative and anodyne poisons, are gradually lowering the strength of their posterity and will be the parents or grandparents of degeneracy in some of its forms.

Kraft-Ebing states that "progenitors as a result of alcoholic excesses beget children that enter the world idiotic, hydrocephalic or with a neuropathic convulsive constitution, developing epilepsy, hysteria, mental diseases and the severest forms of psychic degeneration as a result of the abnormal constitution of the nerve centres."

Alcohol must be placed among its class of nerve killing narcotic poisons.

The great rush and strain to which the American people are subjected, some in the effort to attain wealth, or power, or influence, or social distinction, and others in the struggle for sustenance, does not produce insanity in a previously normal and sound individual, as is often alleged, though the neuropathic, predisposed persons may become more unstable and even break down completely. The greatest evil comes from the fact, however, that this excessive fatigue and exhaus-

tion with probably insufficient out-door air, sunlight, and recreation, poorly prepares people to become fathers or mothers, the result being feeble degenerate offspring who may collapse under the slightest pressure. Again, a normal healthy child may be placed in a poorly ventilated department store or cotton factory to pass the critical developmental period of puberty in the dust and polluted atmosphere for long days until finally it begins adult life physically dwarfed and poorly developed, then a union with its equal of the opposite sex results in a family of children who may become inmates of almshouses, reformatories, of insane hospitals.

These are only a few of the many sources from which degeneracy breeds.

All those things which retard physical development or injure the health and strength in one generation brings degeneracy in the succeeding generations. Conditions and influences prevailing in the lives of the father or mother before the time of a child's birth, have infinitely more weight in determining the fate of the child, especially as to strength and equilibrium of mind, than do the influences of environment upon the child's life after birth.

Children may be classed at a very early age as to mentality, both intellectually and morally. We observe the obedient, well disposed, orderly, and lovable on the one hand, or the fretful, stubborn, cunning, mischievous, or incorrigible on the other extreme. Also we are able to note imbecility or idiocy at an early age, being aided in judging in some cases by the presence of congenital physical malformations. Marked precocity is also, as a rule, an unfavorable indication, showing a neurotic degenerate tendency. Precocious children often develop some form of psychoses.

This early judging or classing of children is always upon the basis of observed and clearly apparent traits, tendencies, and dispositions which are inborn and a part of the child, given to it by its parents. and not products of environment. These facts do not render favorable surroundings and wholesome influences less important, but rather make such more necessary, for they tend to inhibit the downward tendency of degeneracy by affording little soil in which native depravity may thrive and develop, and at the same time tend to develop the

pride, volition and inhibition of the unfortunate one, by which he may, to some extent govern his eccentricities or depraved appetites and tendencies.

Proper teaching, influences and training are just as important also for the normal child, that when he comes to manhood he may have wholesome and correct habits of living, avoiding those errors and indiscretions which might probably produce only an occult effect upon him and his life, but might be the beginning of a line of physical, intellectual and moral decadence in his posterity. Degeneracy once established increases its number of victims by geometrical progression through its offspring, being then directly hereditary, the taint continuing to be manifest in insane relatives. In a state insane hospital one is caused to shudder seeing the many victims of heredity. One sees so many instances in which two, three, or more members of the same family are patients. Heredity plays a greater part in the causation of mental diseases than it is a factor in causing any physical disease.

Finding in any individual case a reliable history of heredity, we are too much inclined to think it is merely a tainted streak that has come down through the family ancestors, being evident in all its past generations.

That such a family taint or mark of degeneracy is evident, but that it has come through many generations and did not have a beginning not so far in the past, facts tend to disprove. Unfortunately, as a rule, it is difficult, or practically impossible, to trace family history back more than one or two generations prior to the first appearance of insanity; but we do know that as degeneracy becomes accentuated as it reproduces itself from one generation to another, ultimately its victims either lose the power of reproduction or are so abnormal that they have not the opportunity of reproducing their kind by reason of the fact that they are inmates of insane hospitals during the greater part of their lives.

One authority who has made quite an exhaustive study of this phase of the question, declares that on an average directly hereditary insanity becomes extinct in four generations from its first appearance, on the principle of "the survival of the fittest." These facts lead us to

two conclusions: First, that the enormous accumulation of insane is being constantly curtailed by the inhibition of reproduction which degeneracy necessarily brings upon itself; and second, that since this is the case, and in spite of it, the number of insane is increasing, degeneracy must be constantly springing from new sources, and therefore in all cases of insanity there is a cause for the taint or predisposition to mental disease not far remote in the generations of ancestry. To reduce the frequent appearance of insanity, the initial causes of degeneracy must be removed. To realize results in efforts to prevent psychoses, measures or remedies must be applied one or more generations before results are expected. A great deal needs to be done to insure long and healthy lineage of descendants. Parents, teachers, preachers, physicians, and finally philanthropists and legislators must be enlisted in the work.

Higher ideals of living in conformity with the laws of health must be established instead of the modern standard of self-aggrandizement regardless of the necessary physical and moral sacrifices by which such may be attained.

A man strains and exhausts himself to accumulate wealth; his son, reared in idleness, indulges his appetites and tendencies in dissipation and excesses, consuming not only the father's money, but also consuming the nerve strength which should go to his son, so the third generation has only a degenerate brain as a legacy which he must lay on the altar of public charities. From every pulpit might be taught useful lessons based upon the scriptural text which declares "the iniquity of the fathers shall be visited upon the children unto the third and fourth generations."

Public sentiment should grow strong against habits of immorality, excesses, dissipation, and the injurious uses of narcotic, sedative and anodyne poisons in the form of alcoholic beverages, patent and proprietary medicines, many of which contain alcohol, opiates, and other nerve or brain depressants or irritants, and the improper uses of which prepare parents for degenerate offspring. Infants who are constantly dosed on soothing syrups become neurasthenic, and require much anodyne and sedative medicines, bromidia, etc., during adult life, paving the way to a neuropathic offspring who may become victims of drink

or drug habits or exhibit other forms of degeneracy. With the co-operation of legislation we may attain that ideal situation as should be now, in which no medicine or drug, including alcoholics, could be procured except upon a physician's prescription. The fact that alcohol, cocaine, opiates and other narcotic poisons in the form of patent medicines are promiscuously dealt out to the innocent and credulous public, is a crime against humanity, the penalty of which falls upon the succeeding generations. From a standpoint of science, that a traffic in alcoholic beverages should be licensed or legalized is no more consistent with reason than would be the recognition by law of the public establishment of opium "dens" or cocain "joints."

Philanthropy and legislation must also be appealed to and interested in providing institution care for degenerate, morally weak children who cannot be kept under home discipline, but go wild, run away from home, and are interested only in mischief and wrong-doing, and who without compulsory discipline develop only their degenerate morbid tendencies and furnish the class of criminals and moral degenerates who are a menace to society, a burden to the courts of the land and ultimately fill the jails and penitentiaries of the country.

Society should also be protected against the obnoxious and dangerous presence of the individuals who constantly or periodically are crazed by intoxicants and especially should the country be saved from the burden of their degenerate offspring, by compulsory incarceration of such individuals in institutions, dealing with them as criminals, and keeping them under constant surveillance if needs be until they are safely passed the climateric period. Also a person once judged insane should in some way be prohibited from reproducing, begetting, or bearing offspring, either by continuous retention in an insane hospital or some other vigilant supervision. Society is morally responsible for the proper care and support of its dependent degenerate members, and by virtue of this fact should have in return regulations to prohibit or inhibit the multiplication of this class by their reproduction.

SUMMARY.

Under favorable conditions, proper habits of living and wholesome environment the tendency of the mind is an upward advancement from

one generation to another, but under the effect of improper surroundings and detrimental habits of life the order of the Darwinian idea is reversed, a gradual downward tendency from generation to generation ensuing until ultimate physical, intellectual or moral decadence is the result, then mentality is lacking, either in strength or in stability of equilibrium.

The French alienist Morel summarises this momentous subject of degeneracy in the following: "The law of heredity acts with precision to pass on to future generations what was begun in the progenitor. It thus happens that in the course of generation after generation morbid types are established and these show themselves in the evolution of mental diseases."

"Evolution ever climbing after some ideal good,
And reversion ever dragging Evolution in the mud."

College Training for Medical Students.*

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There is in all men a natural tendency to emphasize the value of their own special field of labor. Goldsmith tells the story of the French riding master who insisted that no one was fully prepared for the duties of life without a knowledge of the scientific management of the horse. I trust, however, that you will not class the egotism on my part with that of the equestrian when I maintain that the most advantageous preparation for the study of the great profession of medicine can be secured by a careful and painstaking preliminary training in a well equipped and well regulated college.

Of course, I am fully aware that there are many excellent and successful practitioners who have never enjoyed the advantages of higher education, but I take it that these men have succeeded by virtue of their native power of mind and character—have succeeded, in fact, despite their lack of opportunity. They have spelt out their lessons

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most haltingly in the hard school of experience, and certainly their horizon would have been all the wider and their success all the larger had they enjoyed the helpful advantages of a college education. In the well regulated college of today we have the fine product of the patient thought and toil of many generations of wise and learned men who have striven to perfect the best agency and methods for developing man's intellectual and spiritual faculties. And what profession, I ask, demands more imperatively all that is best in the mental and spiritual of a man than does the profession of medicine?

Under the influence of the wonderful scientific development that has characterized the intellectual life of the last two centuries, medicine has had an almost spectacular career. Alchemist with his black arts, leech who depleted his victim, apothecary who made a market for his drugs, quack with his patent panacea—these have all rapidly become things of the past, and the medicine expert of today stands forth equipped with the latest and best of modern thought and modern training, or else he fails. The day of the inefficient and uneducated is past. Every department of the great profession has been pervaded with an unprecedented spirit of progress. Improved sanitary science, surgery with its daring skill, the laboratory with microscope and crucible, achieve almost the miraculous, and yet the horizon recedes—and yet there are new worlds for some medical Columbus to discover.

Mr. Evart's humorously remarks that the field of usefulness is more general for medicine than either for law or theology. There are many who have no property to be secured, and there are some in regard to whose possession of souls there may be a question, but every one has a body that at times needs skilled management for preserving, though some bodies are doubtless not worth preserving. As a matter of fact, medicine in all of its manifold phases is a science that offers unbounded scope for the most enlightened minds. It offers the richest opportunities for investigation. Every new case is a new problem. In no other life work is there greater and more constant demand for comprehensive thinking. The function of the doctor is to think, and to think honestly. He of all men can not, and must not, yield to mere vagueness. He must learn to draw with sharp and firm outline the boundary between what he knows and what he thinks he knows. The lawyer

may hoodwink a jury with sophistry, the demagogue may fool the people with fallacies, but no doctor can fool or hoodwink disease and death. In these he faces the stern logic of things, not as, perchance, they *may* be, but as in fact they are. "Ignorance can not provoke the silent dust nor flattery soothe the dull, cold ear of death." The fundamental principle of the physician's art is the imperial principle of inductive reasoning. His the delicate task of interpreting aright the slightest tokens of pulse and eye, and tongue and cheek, of weighing these minute bits of evidence sharply as in a scale poised upon a hair, and reaching quick and unerring conclusions. The power of accurate observation, the power of close logical reasoning, the power of grasping and applying great underlying principles, the physcan must possess for the intelligent and successful practice of his profession.

And of equally high type must be the qualities of heart and character of a successful practitioner.

In the beautiful words of the late Dr. Richardson, of London, "The first introduction into the dissecting room, the first lesson in the operating theatre, the first performance of a post mortem operation, the first visit in case of infection, the early struggle for practice when youth is a certain preventive of progress, the night and day of toil, the intimate conversance with human misery in all of its most terrible forms, with a watchfulness that knows no limit, all of these constitute a fiery experience, a life of untiring warfare in which character, purity and honor are tried as with a fiery furnace."

Such in a rude and fragmentary way is the ideal standard that must be the aim of the young medical student, and the picture, I think, is not exaggerated or overdrawn. And these moral qualities and intellectual attainments are not the results of mere accidents, they can not be picked up at random, they can only be acquired by systematic methods and careful guidance and oversight. And the most highly organized and efficient agency for this instruction and guidance is, as I have already said in the beginning of this paper, a well equipped and well regulated college.

Broadly speaking, college training, as does all human knowledge, falls into two great divisions, namely, the classics, or the humanities as they are called, which treat of man and his ways; and secondly, the

natural sciences that treat of things and their forces. The former are sometimes styled as disciplinary or cultural subjects, and include history, language, philosophy, art and literature. The latter class we style scientific or technical or utilitarian subjects, and include chemistry, physics, biology, physiology—in a word, all the branches of pure and applied science. In varying degrees all of these branches of learning are included in the courses of study of every well regulated institution of higher learning, and all are necessary for the education and development of the emotions (or sensibilities) and the purely intellectual faculties of the mind.

A closer view of a few of the salient aims of a college education will perhaps set forth more clearly the value of its work upon the heart and mind and character of the student. According to its etymology, education means pulling out, not pouring into, as into a jug. The end of mental training is not merely to add something from without, as an attachment, but to effect a change in the method, the habits and the strength of the mind; to stimulate it to think, to think closely and consecutively—one of the rarest powers in the world. An ounce of education is worth a ton of information. Do we not see, for instance, many physicians about us that are walking encyclopedias of medical information, but are entirely lacking in this power to think, and are failures as practitioners? But not so with the educated physician. What first strikes you is his method, his order, his system, his power to interpret things by causes—in a word, to convert knowledge into wisdom.

In the second place, higher education brings not only this general power of sustained and consecutive thought, but by its methods and processes develops precision or accuracy of mind. Perhaps the most distinguished difference between an educated and an uneducated man is this one characteristic of accuracy. And without this power of independent and accurate thought there is but small opportunity for progress on the part of the student in medicine, or in any other learned profession. It is impossible for him to grasp even the elementary principles of the natural sciences. The methods of the laboratory have no educational value, but are purely empirical—as much so as the recipes of a cook book. And should he eventually enter the medical profession,

he is a mere drudge, a slave to authority, his practice according to the rule of thumb, and his equipment words of learned length and thundering sound that amaze the gazing rustics ranged around.

In the third place, I briefly note the broadening or liberalizing influence of a college education which is so necessary in this day of overspecialization. A college training is not only important to the student as a means of rigid intellectual discipline, but is equally important on account of the associations that are formed at college, the ideas which are in the air, the intelligent sympathy with literature, science and art which will be developed; all of which are essential for one's future usefulness and happiness. Education should not be limited solely to professional life and professional subjects. Dr. Oliver Wendell Holmes said a man who knows nothing but medicine generally knows nothing about that. Any technical career, be it ever so broad, is from its very nature intensive in its influence, has indeed a well-nigh irresistible tendency toward all others by inaction; developing, instead of what Aristotle calls a four-square man, rather a one-sided, lop-sided man, with certain hardness of mind toward other phases of knowledge and life. Many a successful physican is as unapt at accommodating his mind to what lies outside of his profession as was the gardener who was splitting wood with a spade. Human life is too many-sided for its significance to be examined from one angle. Behind the lawyer, behind the physician, there is the man—the man with all his complex obligations that must be wisely discharged; the man with all his diviner faculties of mind that must be educated and nourished. College education is broadening in its influence, making a man of culture, a man of intellectual resources, a man of public spirit. It teaches to know something about everything, and everything about something; it gives intelligent sympathy with all trades and the mastery of some one. A man without this higher training often serves the world well, but he fails to do his best in life. He fails of that broad influence, that liberal view, that complete living of the man who has had the privileges of the higher education.

Let us glance now briefly at some of the subjects that go to make up a college curriculum, attempting some slight appreciation of their educational or pedagogical value. First, as to the group we style the

humanities—biography, history, political economy, languages, literature, etc. Carlyle was right, I think, when he said that the history of the world is the history of its great men. It is no small thing for a student to be impressed with the fact that there have been men in the world who were truly great. There is no treasure on earth to be compared with an attractive ideal of human character in any line of human endeavor, medicine or profession, which draws one ever upward and onward in the line of his best and truest nature. Reverence is a tremendous force for uplift.

Then there is history which treats of man collectively, of great nations, and, to my mind, there is no more broadening and humanizing subject. A physician is a citizen, is human, and nothing human should be alien to him. We inherit the past, we are the past, and one who cares nothing for the past, the future will care nothing for him. Much which today gives an American citizen his character, his language, his laws, has its roots in the two great old world peoples, the Latins and the Greeks. The man that knows nothing of the great lessons of history is like an oyster that clings to the rock where it first saw the light. He is necessarily provincial, pent-up in the narrow confines of his little parish. He is hostile to progress, he must be narrow in his views, and is generally averse to all reform or change.

Certainly, at some period in life one should have roamed through the sweet fields of poetry. Our life today is very intense. It grows more and more complex; the world is too much with us; the battle is fierce in every profession. In getting and spending we pass our years. We need something to brighten life, to sweeten life, to strengthen life. We need more sentiment, and, therefore, in our plan of education we must have those subjects that touch the human sympathies and man's moral susceptibilities, those books that will help us to understand and interpret the great lessons of life, reveal to us physical and human nature, consoling, rejoicing, amusing, elevating, teaching us virtue, love, patriotism, friendship, unrolling to us the glorious panorama of this beautiful universe we inhabit, and giving us glimpses perhaps beyond their mortal bourne. And it is not too declamatory to say that we find in college education all of these qualities, all of these influences.

The value of the study of languages to the medical students is ax-

iomatic. Language is both the medium for receiving and conveying thought, and the interpretation of language is the whole question of the acquisition of any science or any profession. The fundamental trouble with a large number of students that accounts for their miserable failures in technical and scientific subjects is their inability to read, their entire ignorance of the meaning of words, and this difficulty is greatly intensified in a subject like medicine, whose nomenclature and vocabulary are highly technical and, to a great degree of Latin and Greek origin. It is a common complaint of professors, even in the mathematical departments, that the average student is unable to read intelligently enough to understand the subject. Frequently a student reads technical books very much as a boy does Caesar, calling the words as a parrot, but getting no idea whatsoever. Precision in the definition of a word means precision in the definition of an idea. Without precise words there can be no precise thought. Knowledge of Latin and Greek is of incalculable benefit to a student of medicine. Not only the technical nomenclature, but the general scientific language of medicine is of classical origin, and the knowledge of the original roots aids greatly in the understanding of the meaning of the text. A student with a broad and accurate vocabulary has a tremendous advantage in acquiring the profession. Words make an appeal to him, and like so many grappling hooks, they gather into his mind from books and professor with ease and even delight a large mass of ideas that are sealed books to the student who has not this linguistic training.

Bad grammar, slovenly speech and poor spelling are not high recommendations for promotion in any profession. I have known a man to fail to secure an increase in salary because he spelled it with an "e." Certainly, inelegant speech is a serious barrier to a physician who aspires to practice among refined and cultured people. It has been well said that the physician must be skilled in the use of language in order to direct and control his patients, as well as to write and understand the writing of his fellow physicians. In business and professional correspondence, in the preparation of technical papers, in the writing and delivery of addresses, and in the framing of medical laws, the physican needs the knowledge of the best uses and practices of English. An ability to read scientific French and German is almost neces-

sary today for one to keep abreast of the best medical thought of continental Europe.

Many of the subjects of the natural science group in the college schedule of studies, such as physiology, biology, chemistry, veterinary science, pharmacy and bacteriology, are closely related to and often imperceptibly merged into the science of medicine itself. In most of the medical colleges, due credit is given for the completion of these subjects in any accredited institution of higher learning. The scientific training is of direct use to the medical student, and, beyond doubt, it can be most satisfactorily secured in the laboratories of a well equipped college. Skill in the manipulation of scientific apparatus—the microscope, for instance—the knowledge of the processes of chemical investigation, the familiarity with the great principles of organic life, high and low, a grasp of some of the great fundamental laws of natural forces, all these tend to create in the student the scientific habit—that it, the habit of close observation, accurate testing and of knowing how to do a thing by doing it.

President Eliot of Harvard, in his admirable annual report, says that medicine and surgery for human beings are hereafter to be furthered by the study of other animals with which the man is in contact, the other animals ranging from bacilli and microscopical parasites to the large mammals—in other words by comparative anatomy along lines of research which can be conducted only in a well-appointed college laboratory. If I may be permitted an allusion to the state institution at Auburn, I can say that the honorable success of many of its students in the leading medical colleges of the United States—Mobile, Tulane College of Physicians and Surgeons, Bellevue and Johns Hopkins—affords ample evidence of the great value of a well-planned and thoroughly taught preliminary course of medical instruction.

And it seems to me that it should be the privilege of every aspiring young man who is looking forward to a medical career to enjoy the advantages of this special training for his chosen profession. Now, the teaching of natural science from books in the old fashion is worse than useless—about as senseless an operation as filling the stomach

with marbles. I remember that while at college I was required to swallow the whole of Bloxom's enormous volume on chemistry, and yet I was unable to determine the practical question as to the presence of iron in a spring of water. The teaching of physiology as practiced in many of the schools of today without laboratory instruction is a farce.

Now, without a sound and scholarly training in all of these sciences that lie at the very base of his profession, no medical student today is prepared to appreciate the higher courses of study offered him in the leading medical colleges of the land, nor can he reasonably hope to achieve any very high degreee of distinction in his great profession.

Year by year there is a general elevation in medical education. The standard of graduation is more and more difficult, and the terms of admission to medical colleges correspondingly severe. Our own state institution is worthy of all honor for its effort toward a higher standard for a medical diploma. The medical college at Harvard requires an academic degree for admission and four years for completion of its medical course of training. Cornell, Columbia, and all of the leading Eastern medical colleges require a high school course in mathematics, history, English and natural sciences equivalent to the work of the freshman class in our average Southern college.

In a word, the whole trend of medical education and of medical practice today goes to establish most firmly the proposition which I have attempted to maintain—namely, that of the medical profession—is one of the most scientific and difficult of all the learned professions, requiring for its intelligent and successful practice the very highest intellectual power and the most rigid preliminary and professional training. And I further add that so long as we have with us the mystery of life and the mystery of death, so long will the problems of medicine offer to man the broadest scope for speculation and research, leading its votary to the widest boundary of thought and to the loftiest plane of manhood.

Pathology and Treatment of Acute Supurative Otitis-Media.*

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When we consider the middle ear as it is, an irregular air cavity deeply situated within the bone, communicating with the rhino-pharynx by means of, and dependent upon its aeration through the eustachian tube, the rhino-pharnyx in turn dependent upon the nose to prepare the inspired air with moisture and heat, and the nose itself so susceptible to external influence, we can readily understand the frequency of middle ear disease, especially as complicating catarrhal disorders.

A brief reference to some of the more important anatomical points of the middle ear will aid us in discussing the pathology and treatment of acute supurative otitis-media.

You will notice that the eustachian tube does not come from the floor of the middle ear as is usually supposed, but from the upper anterior part of the tympanum. A probe passed into the eustachian tube will pass through the upper part of the tympanum and into the antrum; thus showing that the tympanum acts as a pouch or reservoir for pus, with its natural openings situated high up in the cavity. A point to be remembered in the treatment where we wish to establish free drainage.

The roof next to the membrana-tympani is the thinnest wall of the middle ear. In it we find the petro-squamosal suture which is not united in early child life. The middle ear is itself deeply and firmly situated, but the eustachian tube is very easily affected by pressure from the surrounding tissues. It lies just above and behind the fauchial tonsil, and acute swellings around, or hypertrophy of the tonsil will cause disturbance of the tube.

Its mouth opens into the rhino-pharynx and is often crowded and pressed upon by adenoid tissue, the pressure of which growth, not only

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*Read before Jefferson County Medical Society.

mechanically interferes with aeration, but is the means of retaining and guiding the nasal secretion into the tube, which is often forced into the middle ear in an effort to blow the nose or to sneeze.

When there is a catarrhal condition of the mucous membrane of the tube it becomes swollen and closes the exit of the middle ear, thus causing retention of secretion, and we have the same process of inflammation of mucous membrane that we have in all closed cavities, such as hyperaemia, swelling, heat, pain, and disordered function, increased secretion and exfoliation of epithelium and leakage of the cellular and fibrinous elements of the blood. If bacteria are present we have the formation of pus.

The membrana tympani at first manifest inflammation by a redness along the upper part and down the handle of the malleus. The redness increases, the drum loses its lustre and becomes beefy red. At times this redness is hidden by the epithelium which has peeled off of the drum. A swab of cotton can wipe off this exfoliated epithelium and the red membrane can be seen.

The pressure from within the tympanum continues until it ruptures at its weakest point, the location of which will vary. It might be through an ulcerated spot high up, but more frequently, fortunately, is found in the lower part of the membrane.

The case if intelligently treated tends to resolution in from a few days to several weeks; usually with good hearing, but should the inflammatory process be severe the small bones situated within the tympanum suffer to a more or less degree, such as adhesion, impaired movement, or having their attachment to neighboring structures destroyed by caries. The drum membrane may be also to a large edegree destroyed.

The antrum and mastoid cells may be involved or the cranial cavity may be infected through the roof, especially in young children, when the petro-squamosal suture is open, or the lateral sinus may become infected from the mastoid cells. Again pus may burrow beneath the periosteum external to the mastoid process forming a subperiosteal abscess.

The treatment might be classified as preventive and curative. In consideration of the frequency of catarrhal otitis-media, particularly during childhood, being usually described as "ear ache," its prompt

and correct treatment is of the greatest importance in order not only to relieve the pain but also to avoid the more serious sequella.

Some children seem to be particularly susceptible to acute ear trouble, while others are never afflicted. This is due in a great measure to local abnormalities in the pharynx and is usually found to be adenoid and large tonsils which not only obstruct in a mechanical way, but are often the starting points of acute inflammation and therefore should be removed.

In older patients we find the trouble often due to irregularities in the nose, in one or both sides, such as hypertrophies or intumescence, which produce improper respiration; the nasal secretion is not evaporated but retained, becomes inspicated and forms a culture media for bacteria which effects the eustachian tube by continuity of tissue.

These should have attention and the nose placed in as nearly normal condition as possible so the pharynx may receive the air properly prepared.

The principal or curative treatment of acute supuration of the middle ear does not differ from that of supurative lesions elsewhere in the body, and is based upon a thorough knowledge of the anatomy of the ear and its surrounding parts. Thorough asepsis should be observed and the best possible drainage established.

In the onset of the disease with high fever aconite, antipyrin, soda-salicylate, a cathartic and diaphoretics should be used.

A very careful examination of the drum membrane should be made. In young children you may have to use an anaesthetic. The external auditory canal should be cleaned of cerumen. In children draw the external ear downward and backward, but with adults backward and upward.

It is impossible to distinguish between a beginning acute catarrhal and an accute suupurative otitis-media, and hence must be treated as one and the same disease. Many cases of earache in young children are suppurative middle ear troubles which drain through the short and more widely open eustachian tube of this age, thus relieving the pain. Here in the onset inflation seems to do good very often. Heat should be applied either by a hot water bag or a hot water douche, but the canal should be dried out after the douche with pledgets of cotton on

an applicator, and a piece of dry cotton kept in the concha. If pain is severe use ten per cent carbolized glycerine dropped into the canal.

The drum should be examined frequently and if found to be beefy red or bulging, and even if there is no bulging and you have throbbing pains, never hesitate to make a free opening, as it is beneficial whether the condition be catarrhal or suppurative.

A word as to the method of opening the drum. Do not make a simple puncture or paracentesis, but instead make a crescentcic incision. I prefer the incision that extends from the upper part of the drum down to the floor as it affords better drainage to both the tympanum and the antrum. The incision should be made only under strictest antiseptic precaution. After the drum is opened, clean the canal and place a piece of gauze saturated with 1.1000 bichloride solution well up in the canal to act as drainage, then place a piece of dry cotton in the concha. This cotton should be changed as often as it becomes moistened with the discharge. The gauze should be daily removed and the canal cleaned with swab. If the secretion is viscid or the irritation in the middle ear seems to increase then this course of treatment should be discontinued and resort to syringing which should be used three or four times a day. Warn the patient to be as aseptic as possible and sterilize syringe before using it. Never use powders in the acute stage as they are hard to remove from the canal, interfere with the view of the drum and also help to retain secretion, a thing we wish to avoid. After the subsidence of the inflammation and healing of the perforation takes place, the ear should be inflated from time to time and later the drum massaged so as to exercise the ossicles as we would other joints.

Should the inflammation not subside but tend toward chronic suppuration I should advise a posterior opening through the mastoid. No one can tell the condition of a chronic suppurating cavity until he has explored it. We are often surprised at what we find after doing so. I saw a case Dr. Ledbetter operated on which clearly demonstrates this fact. A lady had been suffering with what we thought was a mild type of acute suppuration of the middle ear, but after a few weeks treatment she did not get well, had very little pain, none whatever over the mastoid. Temperature from 99 to 100.5. Practically no discharge,

merely a drop of pus seen in the canal each morning when she would come to the office. This kept up for two months at the end of which time Dr. Ledbetter decided to make an exploratory opening into the antrum, and to our surprise after the outer dense layer of bone was removed we found the wall of the latteral sinus destroyed for nearly an inch and the sinus bathed in pus. The woman had been coming to the office daily, and had been attending to her household duties in this condition.

The risk of a continued suppuration after a fair course of the above treatment besides the discomfort of the patient who carries a chronic discharging ear with a resultant tinitis and deafness is too great to delay the posterior opening for drainage.

In his most excellent paper on "The Indications for Mastoid Operation in Acute Supprative Otitis-Media. Without Symptoms," Jackson (of Pittsburg) states the objects to be obtained are as follows:

1. To cure the patient promptly.

2. To prevent a chronic otorrhoea with its dangers and discomforts.

3. To prevent the chronic suppuration with its constant re-infection.

4. To prevent a mastoid empyema.

5. To place the patient's life out of jeopardy of intercranial pyogenic extension.

6. To preserve hearing.

7. To prevent incurable tinitis.

The arguments he gives for the above assertions are as follows: If an acute suppurative otitis-media be operated upon before inflammatory process has worked lasting pathologic changes in the ear, we can stop the discharge, restore hearing, and cure or prevent tinitis.

After the inflammatory process has worked permanent changes no surgeon on earth can restore hearing or cure tinitis. He can cure the discharge, but how? By doing a radical operation. Then why not do a simple mastoid in the first place? The risk of the operation is small. The risk of postponement is great. To operate after there is an invasion of a cranial cavity is a forlorn hope.

Otalgia—Etiology and Treatment.*

By Geo. H. Stubbs, M. D.,

Birmingham, Ala.

Otalgia or earache may be defined as pain in or neuraliga of the ear. It may be inflammatory or neurotic. To go into the etiology, varieties, descriptions and history in detail, would require more time to merely mention, than is allotted to this paper. The subject is one in which every member of this society is or should, be interested, and one on which we are all called upon to render service any time of the year; whether he be physician, surgeon or those of us engaged in special work. I will venture to say that there is not a member present who has not had one or more cases of eareache in his practice during the past thirty days.

My scattering remarks on the subject are not made for the purpose of teaching, or to bring out any new features, but are offered at the request of our president, as my mite toward the symposium presented to you this evening. The natural division of the ear into external, middle and internal, sugest a rational as well as a convenient classification of the the diseases and disorders to which it is liable. These, taken in the order of their frequency, are, first, those of the middle ear, next the external ear. We know so little about the internal ear that we are not able to say whether it ever pains or not. Assuming the eustachian tube to be a part of the middle ear, we have the nose, pharynx and naso-pharynx in direct communication; therefore pathological conditions in these cavities are responsible for the larger majority of earaches, as well as other ear diseases.

Among the simpler common causes, and without going into their aetiology and pathology, we find acute coryza, or what is known as "taking cold." Adenoid vegetation in the vault of the pharynx is a serious and very common cause. Acute naso-pharyngitis, laryngitis, enlarged and inflamed faucial tonsils, and in fact all acute inflammatory conditions of the upper air passages are factors. These are so closely connected that we seldom have one affected without others taking on

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*Read before the Jefferson County Medical Society.

the same character of inflammation, which by continuity of tissue extends to the eustachian tube and beyond into the middle ear, resulting in a closure of the tube, congestion of the mucous membrane lining the middle ear, unequal air pressure, and retraction of the drum. Adventitious growths in the nasal chambers, directly and indirectly are producers of earache. For instance: Bony spurs and ridges, deflected septum and enlarged turbinals, not only make one more susceptible to cold, but may produce pain in the ear by pressure on one or more branches of the nerves. The naso-pharynx is the portal through which all outside inflammation and most bacteria reach the middle ear, and here we find in children and young adults a growth (anotomically located in its vault), the producer, directly and indirectly, of the larger amount of middle ear troubles, both acute and chronic. This growth is known as Luska's gland, or the third tonsil, and as adenoids or adenoid vegetation. As a cause of earache it may not be of sufficient size nor so located as to produce the characteristic signs referred to by some authors as the "frog face." If it does, so much the worse for the patient, not only for the present, but for the future. Even if small, its close proximity to the pharyngeal opening of the eustachian tube, when swollen by inflammation, produces the same effect. Likewise acute and chronic inflammation of the faucial tonsils frequently produce earache by the eustachian route. As most of the eruptive symptom of measles, scarlet fever, etc., as well as a later complication. As in typhoid and pneumonia, earache is one of the most aggravating complications of la grippe, and few genuine cases recover without some pain in the ear.

On this subject alone, a whole evening might be spent without exhausting it. I have not so far mentioned the diseases of the nasal accessory sinuses, but what has been said of the nasal cavities applies here. I will, however, say that earache oftentimes overlooked, is frequently caused by diseases and disorders of the teething gums. An impacted wisdom tooth, decayed teeth and caries of the crown and roots of teeth frequently telegraph their message of torture to the ear of the affected side. It is very important that the teeth be examined when no other cause can be assigned.

Coming now to the external ear the causes may be assigned to ner-

vous reflex action or neuralgia of one or more branches of the nerves; disease or injury to the auricle and canal, or dermoid surface of the drum, these parts being more or less exposed. Accidentally or with malice aforesight, children especially, are prone to insert foreign bodies in their own and in a playful way their companions' ears. Grown-up men and women, and some physicians, have the pernicious habit of picking their ears with tooth picks, matches and straws, and ear picks can be bought at any drug store for the paltry price of ten cents. An old professor of mine at the Manhattan Eye & Ear Hospital frequently said that a man should never pick his ears with anything except his elbow. The auricle and canal are susceptible to all the diseases of the skin, constitutional, local and by continuity. Furuncles or boils are possibly the commonest causes of earache due to external ear disease. They may be single or multiple and sometimes come in crops. Scratching or picking the ears with foreign bodies is responsible for the large majority of these. A few are due to diseases of the sebaceous glands; some to constitutional disturbances, and others are of unknown or obscure origin.

Lastly I will mention myringitis or inflammation of the membrana-tympani, due to direct exposure to cold, wind and irritating substances, as for instance: getting water in the ear while bathing, riding in the wind, etc. Impacted cerumen and fungoid growths seldom cause pain, unless against the drum membrane.

In outlining the treatment for earache, I will not go into the treatment of the complications and sequelae, but leave these for the papers which are to follow. Treatment of earache *per se* is a simple matter, but not always satisfactory, and may be given in writing in a few words. It does not always depend upon the cause, which is of course of utmost importance, but upon the kind and character as well and includes medicinal, both local and constitutional, surgical and preventive. As to the types we will first mention those of an acute inflammatory character, due to tubal congestion and acute middle ear involvement, without sufficient infection to produce the formation of pus.

Second, those of such violent character as to produce an abscess in the middle ear. As to the constitutional remedies, mercury seems to have the most beneficial effect; charging the circulation with this drug

in the form of calomel in one quarter to one-half grain doses, until one, three or five grains have been given, is my favorite way of administration, followed by a brisk saline in the form of Epsom salts, to deplete the blood vessels. In the meantime thoroughly cleanse the upper air passages with some warm alkaline antiseptic solution in the form of a spray or, in young children, by instilling the same through the nostrils with a glass pipette. I usually use Seiler's or Dobell's solution for this purpose. I usually have an anodyne preparation of a five per cent solution of the following, poured in the affected ear, viz: Carbolic acid, menthol and camphor, in boro-glyceride. The ear is then covered with a towel wrung from hot water or a small flax seed poultice just large enough to cover the auricle and kept in place until relief is obtained, unless the case is one in which pus has already formed. This is usually effective, producing almost instant relief; and while not any more certain than other remedies in the field of medicine, it will undoubtedly do to tie to in simple cases of acute earache. When the case requires a narcotic, some preparation of opium is generally used. In children paregoric or deodorized tincture of opium; in adults codeine or morphine. Gentle inflation of the eustachian tube with the Politzer bag, containing six or eight ounces of air, so as to equalize the air pressure, is a useful adjunct, and should be performed, if possible. The above applies to simple, uncomplicated cases only.

Where there is a beginning formation of pus, as shown by increased pain and restlessness, not relieved by the specified remedies, an elevated and septic temperature, chills, rigors, etc., with bulging of the drum membrane, then, surgical interference is at once indicated, and opening the abscess through the drum membrane should be done. Otherwise the patient will continue to suffer until spontaneous rapture takes place.

This little operation is performed as follows: After thoroughly cleansing the canal with an antiseptic solution, say, solution of bichloride, one to 3000 parts, or carbolic acid one to forty, used through the regulation ear syringe or fountain syringe, the patient should be given an anaesthetic; then with reflected light, ear speculum and suitable knife, make a broad incision in the most dependent portion of the drum, avoiding injury to the ossicles; an incision large enough to se-

cure free drainage. In children and nervous patients it will be necessary to administer a general anaesthetic; in adults, a satisfactory local anaesthetic, composed of equal parts of cocaine, carbolic acid and menthol crystals, applied to the drum on a pledget of cotton for ten to fifteen minutes, will produce an almost painless operation. After these procedures, the pain usually ceases, and we have a running ear for an indefinite length of time. I will leave the subject to the next essayist, for here the disease goes from earache into acute purulent otitis-media. The next most frequent cause is furunculosis of the external auditory canal, the treatment of which is practically the same, up to the time of relieving the pressure and securing drainage. The same antiseptic precautions and anaesthetics used, apply here, the main difference being that you may have to operate several times, as succeeding boils or crops of abscesses occur, and the complications are not so severe, nor the after treatment so prolonged.

Next in order is disease of the teeth, and here the physician's duty should be to refer his patient to a competent dentist. Rare and unusual cases must be combatted by removing the cause. Preventive measures are, avoidance of taking cold, so far as possible; putting the nasal cavities in a position to conform to the normal; removal of adenoid growths from the vault of the pharynx; removing the diseased hypertrophied tonsils; and the proper care and attention to the teeth and gums. Do not allow your patients and friends to pick or massage the external auditory canal with matches, sticks and straws, and the most of the earaches will cease to be.

These few simple disconnected words on the subject of earache, which is not a disease itself, but a complication of some other, are made in an intensely practical way, without ever referring to a text book or medical dictionary—in fact, they were dictated to a stenographer who takes my letters, in just about the time consumed in reading it. Therefore I hope all errors and omissions will be excused, and that the entertainment you will get from the following papers will be a recompense for the time consumed in listening to what I have had to say on the subject of earache.

Acute Mastoid Disease.*

Carl Fox, M. D.,

Birmingham, Ala.

We shall take it for granted that those preceding us have entered fully into the condition *per se* which cause mastoid inflammation; therefore, we shall eliminate all discussions upon otitis-media. The most common cause of acute inflammation of mastoid is due to an extension of a similar condition existing in the middle ear.

Consider for a moment the close relation of the mastoid with tympanic cavity, the attic, the additus ad-antrum, the antrum, the close proximity of the larger blood vessel, and lastly the cerebral fosa. We readily can see the importance of early recognition of mastoid involvement. We are obliged to regard our middle abscesses more seriously, and not regard them as a simple cold in the head. We should recollect that the diseases of the mastoid (whether acute or chronic) are in "practically all cases the drawn out results of an acute catarrhal or purulent inflammation of the middle ear;" that from the first we should handle all running ears as serious trouble, and with a possibility of fatal results.

A large percentage of cerebral abscesses are a direct result of middle ear suppuration; we can't dare to forget how close the brain is to this tinder-box, which at any moment may explode inwardly as well as outwardly; then, too, the intimate relation of the large blood vessel and the fatal outlook of sinus thrombosis. There are a number of cases of chronic suppurative otitis-media which may run along without any other inconvenience than the discharge; but we can never tell which may be our undoing.

SYMPTOMS.

Pain is our most prominent symptom; situated over the antrum. In character it is a dull, boring and constant one, which increases in severity as night approaches; it is increased by deep pressure over the antrum.

TEMPERATURE.

Temperature 99 1-2° to 101 1-2°, pulse slightly increased, usually of a regular character.

Whenever there is a cessation or diminution in the discharge with increased symptoms referable to the mastoid region, we should become suspicious.

At times, especially in early life, we may have a tumefaction or swelling with great redness, with protusion of the ear away from the head; at times this condition may be found in adults, which may have been neglected.

There are at times severe pain when the head is moved, especially if the cells of the mastoid tip are envolved, due to the sterno-cleido-mastoid muscle insertion.

If the cranial structures are involved, the symptoms assume a more severe character, and we have symptoms similar to all inflammation of the meninges.

DIAGNOSIS.

The diagnosis of this condition would from the preceding symptoms appear simple, but often the most expert aurist is baffled and hesitates as to a positive envolvement of the mastoid antrum and cells, or whether the symptoms are not due to tympanic suppuration. Fortunately, we have two cardinal symptoms: they are, first, pain on deep pressure over the antrum; second, saging of the superior posterior walls of the external canal near the tympanic ring. We should be positive that the pain elicited by deep pressure is not due to a furunculosis of the external canal, or, perhaps, to a hyper sensative condition of the mastoid region. When ever we have these two symptoms, particularly the swelling of the S. P. wall of the E. canal, we may be positive of involvement of antrum, recalling the close relation of this enlarged cell to this particular part.

PROGNOSIS.

Mastoid involvement is always of a grave outlook. Those cases following an acute middle ear abscess and taken early offer favorable outcome. In very young children, where it follows ear trouble complicating scarlet fever, the prognosis is not favorable. Cases where the perforation is situated in the drum membrane, known as the flacid region, we may be confident of a more involvement of the osseous structures.

TREATMENT.

I make it a habit of keeping all cases, where there are beginning mastoid symptoms, quite in bed. Free purgation, fluid diet. Careful

examination should be made of the external canal, and if the opening in the drum is small, or has a tendency to clog, a larger incision should be made posterially extending well up through Shrapenal's membrane and along the posterial wall of the canal. Free irrigation with some mild antiseptic solution, both for its cleansing properties, and also to reduce the tumefaction. Ice, or cold in some form, should be kept constantly over the mastoid region for the first twenty-four hours; this has a tendency to abate pus formation, and also to reduce the pain. Cold should not be kept up longer than twenty-four or thirty-six hours, as the relief afforded by its application may have a tendency to blind all symptoms, when destruction of the osseous tissues may be taking place.

I never use opiates in any form in this condition. For from personal observation I find that it causes more ill effect than good, blinding frequently a grave condition, besides causing constitutional disturbances. Chloral and bromides have given better results. If, after the pursuance of the above treatment for forty-eight hours or more we have not abated the symptoms, the idea of operation should become prominent. Fortunately, however, our cases will yield to this procedure outlined above.

OPERATION.

I make mention of the Wildes incision of the mastoid region simply to state that I do not believe it should be employed, as all that is accomplished is copious bleeding, and if that is what we want an incision along the posterial wall of the external canal over the swelling, already mentioned, is the ideal place for same.

Our patient for mastoid operation should be prepared as for any other surgical operation; the region shaved and made as aseptic as possible, the external canal should be irrigated with some antiseptic solution and plugged.

The incision that I employ is as close to the attachment of the auricle to the head as possible; allowing for suturing, beginning a little below the tip and extending well above the auricle, one clean cut down to the bone, dividing all tissues, even the periosteum. I make a counter incision at the middle of the one already made, extending backwards, forming the letter "T." The periosteum should be pushed well back

and should not be torn, as the saving of this tissue will aid in a rapid healing. The tip should be exposed and freed from all tissues; this can be done by the use of some blunt instrument.

The object of our operation is to open up the antrum and obtain free communication with tympanic cavity, also to expose all the cells which may be involved in the inflammation, and the removal of all necrotic tissues. Our place of entrance is over the preantral space; we should hug the posterior wall and keep below the superior wall of the external canal, thereby avoiding any possible injury to lateral sinus, and also avoiding entering the middle fossae. In doing this the chisel should be employed, and we will soon enter the antrum. It is best to make a good sized opening, funnel shape, removing considerable portion of the cortical substance.

By this time we have already found pus and necrotic tissue; but the object of the operation has not been accomplished until we investigate carefully the adjacent cells, extending even down to the tip, and at times it is advisable, in our simple operations, to remove the whole tip. The middle ear cavity should be carefully cleansed of all granulations. (I do not think it is necessary that the ossicles should be disturbed as a rule in simple cases.) Care should be taken while working here that we do not injure the facial nerve; this can be accomplished to a great extent by having first made a large opening and keeping the field dry from blood. We should now remove all spiculae bone, making our opening as smooth as posible.

As a rule, I do not close the wound in our simple cases entirely; the horizontal incision should be sutured completely, and both angles of the vertical incision. A five per cent. iodoform gauze wick should be passed well into the middle ear; we may surround this with fenestrated rubber tissue or not, and a similar wick in the external canal; copious dressing should be applied and a soft roll of bandage thrown around the head.

Formerly I irrigated these cases before dressing, but as a rule I do not employ irrigation at any time during the operation, as I find gentle swabbing, to accomplish the same results unless we are dealing with some virulent infection.

I have not mentioned the accident of opening up the lateral sinus

or brain cavity. If either is done, it is more advisable to enlarge the opening we have erroneously made, isolated by packing with iodoform gauze, and proceeding with our operation.

There is another method of closing the wound known as the blood clot, which consists in allowing the bone cavity to fill with blood and closing the wound entirely. If the blood clot does not become infected this is an ideal method, as we have no depressed scar.

If things run along smoothly and the patient is practically free from temperature, he may be permitted to sit up on the second or third day. I never disturb the packing in the middle ear until about the fifth day unless there are symptoms indicating that same should be removed and parts investigated.

After the first dressing we should change the same every day, keeping parts as clean as possible, using an irrigation if there is much pus. It is better to dress the wound dry, if not. Care should be taken so that the wound does not fill with granulation tissue, which can be accomplished by the use of the silver nitrate stick. The wound should be allowed to gradually heal from the bottom, and in from three to six weeks, the patient, as a rule, can be discharged.

THE INTERLUDE OF CANCER.

John Beard gives an outline of the course and nature of his scientific work and conclusions since the spring of 1888. He declares that epigenesis, somatic orgin of germ-cells, and recapitulation in development are fading away into thin air before the mighty powers of evolution with predestination, an actual tangible continuity of germ-cells from generation to generation, and an antithetic alternation of generations as the only possible mode of animal development. The writer believes that without doubt cancer is hereditary. This is abundantly borne out by clinical histories which he has in his possession. According to his belief, the proper scientific treatment of cancer is the enzyme or pancreatic one. The preparations used should be potent extracts, scientifically prepared from the fresh gland direct. The writer classifies tumors in three groups; embryomata (benign neoplasms); amprimixomata (malignant neoplasms); and trophoblastomata (cancer and sarcoma).—Medical Record, February 2, 1907.

Correspondence.

A LETTER FROM DR. GEO. S. BROWN.

Editor Alabama Medical Journal:

Dear Sir—Your editorial in your April number, entitled "The Medical Association, State of Alabama," might lead some of your friends to suspect something wrong with your own or "The Journal's" circulation. You give eight lines to pleasantly anticipating "reunion of friends," "Southern hospitality," "flowers, fruit, oysters and gulf breezes," and then six solid pages of prophecy about the trouble and pain to be caused by the unread and "dissatisfied," "the disappointed malcontents" and a few other disagreeables variously classified by your polite and versatile pen. However, I hasten to do you the justice to add that later on you tacitly admit that calling polite little names is not argument, when you try to show us where we are always wrong whenever we have suggested any change whatever in the faultless organization of the State Medical Association machine.

Even this we can admit as argument only by a conscious effort, as it is so largely made up of cloudy generalizations, in lieu of answers to our complaints (so sagaciously prophesied), fortified here and there at weak spots with little hurrahs about our greatness.

As you, Mr. Editor, are young, enthusiastic and honest, we, at first, regarded the task of replying to your editorial as something in the nature of a "pudding" as the boys would say, but a second, sadder view of the matter leads us to fear that your prolonged affiliation with a band of gentlemen whose working faith and strength has always been that there is never but one side to any question, and *that* their own, has led you to offer as argument such a jumble of generalities, prophecy and error, we are not so sure that we can reply to it in a way that will look like argument to you.

Devotion to the cause, however, impels us to ask your indulgence while we have a try at it anyway.

You speak of the great work of elevating the standard of medicine in this state to be effected by abolishing the county boards of examiners.

We do not believe this will accomplish much in that direction unless we have a state board conducted on lines accepted by the state boards of other states and endorsed by the American Medical Association. For one thing they must refuse to grant an examination to any one unless he is a graduate of an accredited medical school, and no member of such a state board should be in any way connected with a medical school, as trustee, teacher or otherwise. If these two points are not observed, no matter how rigid the examination, the boards of other states will not give us recognition. Some on your side will, I know, answer that we are so great that we do not need such recognition. We do need it or else we need to quit prating about elevating the standard of medical requirement in this state. With abolishing the county boards you, Mr. Editor, are in favor of leaving the matter in this half-complete and useless state and waiting a few years to see what will happen before "tinkering any more with our organization." Some of us think otherwise.

Of course as this is the only innovation your administration has admitted to be necessary in the last twenty years, it is a pretty startling experiment and naturally has an effect something in the nature of a cold shower in the size of the gasp it produces, but that is because they are infrequent, not because they are harmful. The obvious suggestion ought to be, "try another and get used to it," and not to "wait a few years to see if this first one will kill us."

It is good conservative policy for any administration to move slowly toward innovations until they are sure of the drift of public opinion, but the worst of them occasionally put their ear to the ground to hear which way it is tending, but you stand-patters seem to make a virtue of resisting when the very powers that created you are whooping at you through a megaphone, metaphorically speaking.

Those who have advocated abolishing the college of counsellors and those who have favored increasing their number have been actuated by the same irritant: the sense of having been unjustly treated in not being allowed representation in a society of their brother physicians of which they are said to be members. This feeling is more pronounced now than it was when this class was called by its proper title of "visitors." The jokes and ridicule that forced a change of a "V" to an

"M" on their buttons did nothing more than to emphasize this feeling that they were not being treated fairly. It really matters very little how many counsellors do the voting for us, the wide-open wrong is, that we do not have the right to elect these men who are to represent us. Your simile of congress and the legislature (being really representative) is a very unfortunate one for your argument. Congressmen and members of the legislature are really representatives of the people, are elected by the people who are themselves elegible to office, each and every one. None of this applies to the relationship that exists between the self-elected counsellors and the so-called "members" of our state association. When we say this we do not forget the delegates who are there in steadily diminishing numbers from the first day to the last tedious hours of the last day. A few stay to vote if they have promised some one, otherwise they are very indifferent about it. Why are they indifferent? Because they feel that they are members for the first and only time, members "for this day and train only," and they naturally have very little feeling of proprietorship in any of the proceedings. I was a delegate once, before I was elected a counsellor, and it has not been long enough yet for me to forget what a small potato I felt on that memorable occasion. So far as I could judge from any and all things that transpired, I was there solely to have my vote solicited by a few men whom I had never heard of before, for men and causes that I felt absolutely no interest in, and I gave my votes with that lavishness and generosity that usually accompanies a gift that costs nothing and is worth every bit of it. Many familiar voices ring in my ears at this moment with the words, "Oh, but they ought to feel an interest," as though that placed the blame where it belonged and these good men felt no further curiosity about why these delegates were indifferent. In short it is taxation without representation that is the sole cause of all the indifference and all the bitterness and all the dissatisfaction, and every member of the state association knows this, in my opinion, with the exception of ten or a dozen.

It was this sense of oppression and injustice that brought on the American revolution and that is causing all the bitterness in Russia today.

The majority of this association are intelligent, fair-minded men who

want only fair play and will listen to common sense and cannot be swayed altogether by demigogic appeals to states rights, white supremacy and hero-worship. You speak as tho majority rule and a universal vote had some years ago been put down as bad things, while in the opinion of most of us they are still good things. The only exceptions to this are among the grand dukes of Russia and "The Central Committee," if I may so call it, of the Alabama State Medical Association. "By their words and actions," you say, *"the advocates of increasing the number of counsellors have shown that they would not hesitate to establish a universal vote and majority rule."*

This you say *"would inevitably consolidate all power in the hands of four societies, enabling them to so change the laws and regulations in their own interests, etc." "It is useless to say men would not take such unfair advantages; they would, etc." Of course they would* and the proof of it is that the dozen or less who have controlled the state association machine for the past twenty years,*do, and have been doing it all the time.*

Do you know that there are over four hundred members in the four counties you allude to? And are you serious when you intimate that this unwieldy crowd of busy doctors could ever have a oneness of interest, and if they ever did have could get together into a closer corporation than the senior censor and his right little tight little score who are so faithful, patient and prompt at every meeting and all the year between meals?

I am asking for information; do you really believe this after I show you our point of view? Cannot you see that the opportunities to combine and have an understanding would be infinitely easier, and in case a *boss* ever *should* arise with how much *greater ease* he could make his wishes known, see that his behests were carried out, and conduct the most perfect system of rewards and punishments with the least possible danger of any rebellion against him being successful?

Cannot you see how easy one would be with a crowd small enough to sit around the stove in a country store and how next to impossible it would be for four hundred busy doctors scattered from one end of the state to the other to ever have a common axe to grind? The only explanation of your seemingly absurd argument on this point is that you

have the utmost confidence that the present system is perfect and that the present administrative brain is not subject to the same weaknesses and imperfections that beset other brains. From these perfect premises your reason is logical except that you seem to forget that tho the present ruler or rulers are omniscient and infallible they or he, are or is, not immortal. If they are not immortal is there not a certainty that the day will come when a small bunch of ordinary human selfish men will be in their places? Cannot these then be combined, controlled, rewarded and punished by some unscrupulous boss easier than can the four hundred? You see we are building for posterity and we cannot count on human perfection for more than one or two generations.

Is our state medical organization perfect?

Every word and action of our loyal stand-patters seem to indicate that they think it is. On the other hand the restless democracy of the association have no faith that it is the *ultima thule* of medical organization and in public have made a few feeble unorganized efforts to have it out of its holy of holies with the mild purpose of (to mix the metaphor a little) seeing if the moth had broken in or if the cut could be improved over the style of thirty years ago. "Discordant notes," "notes from the dissatisfied," these efforts are called in your editorial in a spirit of prophecy, some days before they occur. From your "familiar" (evidently the Oracle of Delphi) we also learn that *"complaint and abuse will be poured out" by "a few disappointed malcontents and their deluded followers;" "deluded because they have not read the charter and constitution for themselves."*

To thus insinuate that all who are not hereditary and faithful followers of the two successive administrations are inferior morally and educationally to the stand-patters, is too obviously unfair to discuss further.

You say *"there does not exist any large association of intelligent gentlemen in America without more or less divergence of opinion in the membership,"* and this is true. But again: *"In ours those who really favor any radical changes are comparatively few in number tho they make a great deal of noise."* This cannot be proven. On the contrary they have roared like any sucking dove; considering their numbers and their cause, feeling too genteel perhaps to admit they might be warranted in fighting the devil with fire.

Again: *"Yet every one of them who has tried has been heard repeatedly by the association tho his views may have been rejected by its vote after due and respectful consideration ....It is useless for them to complain that they cannot be heard, etc."* This cannot be admitted by the utmost stretch of courtesy tho we trust our editor's commendable instinct of what should be and honest tho mistaken belief as to what has been, may have a good effect in molding the minds of our stand-patters to a better sense of fairness in the future. As the most flagrant instance of choking off debate that this or any other set of men were ever guilty of, I mean to take this opportunity to recall to your mind what happened to me in this respect. Some years ago I introduced what was afterward known as the Brown resolution. I explained on the floor at the time, and afterwards repeatedly in private that, having talked with a good many of the members who had expressed themselves as being in favor of some changes in the organization of the college of counsellors, and believing myself that all had at least the right to be heard, I thought it would be a good thing to have the subject up and discuss it thoroughly; that this would be the quickest and fairest way to see whether or not a majority really wanted any change or not. I said at the time that I had no plan to offer and did not expect to have, but that some one else probably would have for the majority to discuss and alter or reject as they saw fit. I explained that I put it in this briefest possible way (i. e. to abolish the college of counsellors or to double the number, I forget now which), merely to bring the subject before the association for debate.

I handed this in in good faith, believing that the old wheel-horses of the association government, who had prated so much of the infallibility and goodness of our association laws would at least give it "due and respectful consideration." What was the result?

All of us who had the good of the association and the advancement of our profession at heart, put in the year trying to determine what, if any, changes were advisable, at the same time trying to anticipate the argument to be advanced against us by the opposition, who, we had good reason to believe, would be against any change whatever. Some of our humorists saying that the leaders of the fight against any change believed that as we had such a good start in sitting still, we should try

to distance all competitors and shine as a fossil society for the benefit of the historian, representing medical organization and science of the vintage of eighteen sixty-nine. We did not dream, however, no amount of indigestion could cause anyone to dream, no stretch of the imagination could allow any stranger even now to guess, how these desperate and humor-bereft friends of ours put in *their* year of meditation.

They decided (judging solely from what they did) that, having no argument of their own and fearing ours, by hook or crook, come what might, all honor and the sacred rights of free discussion should be thrown to the winds and debates on this incendiary paper be nipped in the bud. In the bud? In the blossom; nay before its very conception!

When the writer arose to call up the resolution (as it was supposed, tho there is no minute anywhere to this day explaining *what* he arose for) the senior censor arose to a point of order "that it had been decided that the discussion of this resolution would be out of order," and finally that any remarks I might make are out of order before I be refused permission to make any. (This grammar and English are sadly out of order, but it is the style of composition in keeping with such tail-end-to proceedings.) The chairman (Dr. L. L. Hill) deploring his deficiency in that Delphic intuition possessed in such remarkable degree by the senior censor, modestly declared that he had no means of knowing beforehand what the gentlemen of the resolution was going to say and could not declare such unsaid remarks out of order.

And now, ye gods and little fishes, I do solemnly declare that I do not expect any in the world to believe my next declaration except a *few* of those who heard the business, for *some* of *them* did not believe their ears.

The senior censor appealed from the chair and with the same denseness and lack of humor which led two of our prominent bankers next door to our place of meeting a short time before this to invest a large sum of money in an educational institution for monkeys at Jasper, Ala., the association sustained the appeal by a safe majority, a chairman with the desired activity of imagination was seated, all remarks that any one even thought of making on this subject and all remarks that the writer of the resolution might think of making on any subject whatsoever, were and should be declared out of order and the inflamma-

tory Brown resolution passed into history while the writer stood foolish-looking and vioceless, a horrible example to all intrepid resolutionists who in future might presume to criticise the machine. Many said afterward that had they known how very innocent my opening remarks were to have been they would not have voted for the appeal. Two of these gentlemen were members of the state board, and besides the unconscious humor of this declaration it showed me clearly that the point of order business was an expedient invented for the occasion and that the real reason that I was not to be allowed to speak was clearly the effect they were afraid it would have on some of the voters present.

What I intended to say on that historic occasion I can put in here and it is this: As I have said elsewhere in this paper I think all the dissatisfaction comes from the matter of representation. Give every member the right to vote and hold office and all criticism will disappear and I believe, on the other hand, that any association of any sort of men anywhere in America from ditch diggers up, who attempt to maintain this injustice will always be in trouble. I think our association must be the only one in America whose spokesmen openly declare that a universal vote and majority rule are bad things.

I think the first thing for our association to decide is whether it is possible to bring up any subject whatever for debate without the sanction of the senior censor. If we, the possible majority, are in the plight of the democratic minority of the national congress we ought to know it for sure. We ought to at least know whether we are majority or minority; we can do nothing until we settle this matter of free speech.

Where there is so much talk of dissatisfaction it seems to many of us that the matter of reorganization should at least be discussed, tho we can see that where the counsellors are not immediately interested in their own welfare they naturally do not make a very strenuous fight for the rights of others especially when every effort to right the wrongs of these unrepresented hundreds of intelligent doctors over the state is met with seemingly deliberate and systematic plans to impede, hamper and interrupt. These indifferent counsellors must be made to see that such narrow principles are harmful to *all of us* as well as to these outsiders. As long as more than half of the doctors over the state are

indifferent to the honor and progress of the state association we are injured by it and there is no use to argue either that we are not or that we are not responsible for these outsiders being indifferent. We *are* injured by it and we counsellors are directly responsible for it. I am sure it will be the testimony of every counsellor to himself when he reads this that he himself takes at least five times the interest in the association, now that he is a counsellor, than he did when he was a mere visitor-member or member-visitor. I myself did not attend but one meeting before being made a counsellor and since then I have missed only one in fifteen years and have read thirteen or fourteen papers, and I know that the majority have much the same feeling and experience to relate.

Our organization is *not* the best that can be devised and it is not strictly honest and truthful to be continually bragging as though the American Medical Association had adopted it as a whole. They did *not*. They borrowed our splendid plan of binding the county societies to the state organization; making the counties responsible for the credentials of the members and it is remarkable how any state association or the big association could get along without it so long. This plan is the best and most important part of our machinery and it is *all* that the A. M. A. borrowed from us that I know of.

They dropped many of their own old and worn out draperies, but they did *not* take any of ours.

They do not constantly remind those who are interested chiefly in the scientific work of the meetings, that their work is "vastly inferior in importance to the legislative" and the machine politics. Before Dr. Cochran's death the treasurer had his desk at the elbow of the essayist and a constant procession of members paying their dues was allowed to annoy the reader and all those who were trying to listen. Moved by the criticism, Dr. Cochran had this remedied and since then no one is allowed to annoy the essayist except when some members from the star-chamber holds up his hand and orders the proceedings stopped while he asks for a missing member or a lead-pencil or something.

The A. M. A. did *not* adopt our photographer who was found so useful in the beginning, but whom even we have partially outgrown by the help of a slow growth of a sense of humor and the mild jokes of the iconoclasts.

The A. M. A. did *not* adopt our elaborate and complicated system of class distinction which has age and not merit for its basis and by which one's eligibility to vote and hold office sometimes depends solely upon the congressional district in which he may happen to live. We still have this and some other absurd frills that we are slowly throwing off as we did the photographer. We cannot stand still; so why not deliberately cut away all things that the majority have long since pronounced absurd or unjust.

I think we ought to have one examining board and but one; for obvious reasons it should be unconnected in every way with all medical colleges and it should not take any one for examination except graduates of well accredited medical schools. It should work always toward a standard of requirements recognized by the boards of other states and then seek reciprocity and an exchange of certificates as other enlightened boards are doing under the urging of the A. M. A. Such subjects are engaging the best medical minds of all the best medical societies in the country, and our boastful shouts about being "the greatest medical society in the world" will not help us in the least to catch up with the procession.

In all other societies the scientific work is the most important and all the machinery is primarily to further it, in the end. Seeking to cast ridicule upon this as you do by sneeringly alluding to "our debating society that we regard as of great importance" and the "members reading papers and thanking each other, etc.," fools nobody, because all know that it is born of jealousy; all know that the scientific work is all that holds the association together and holds up the dues.

Two things must be reformed: We must quit issuing licenses to undergraduates and other incompetents or if we have already quit, make our laws so read that our sister states will gradually grow to have some confidence that this is so; *this,* to command the respect of *outsiders*; and we must do away with this system of non-representation before we can hope to command complete respect *at home.*

We keep up our attendance because we are interested in scientific work; we refuse to break away and form another society because we will not abandon our valuable machine to a manipulating minority if we can help it, and we are going to help it. It may be that the habit

and lethargy of years will decree that a few more generations of mold will have to accumulate before the situation gets to be intolerable and corrects itself; it may be that the powers that be will limber up and grant these changes of their own sagacity, growing out of their ability to read the handwriting on the wall, but it is bound to come some way, some time.

All hide bound tyranical rule sooner or later dies of the toxines of its own arrogance and we shall depend also on the sunshine of free speech and publicity as germicides to help it along.

Yours very sincerely,

Birmingham, Ala. Geo. S. Brown, M. D.

CONCERNING THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ALABAMA.

Mobile, Ala., May 20, 1907.

Dr. W. H. Bell, Birmingham, Ala.:

Dear Doctor—Enclosed please find copy of letter from Dr. L. W. Johnston to Mr. Hill Ferguson, and also the answer to said letter. I have been requested by the President of the Alumni Association to furnish said letters to the medical journals of Alabama for publication.

Very truly yours,

P. J. Howard,

Sec. & Tr. of the Med. Dept. of the University of Alabama.

Birmingham, Ala., April 26, 1907.

Dr. L. W. Johnston, President Alumni Association Medical Department of the University of Alabama, Tuskegee, Ala.:

Dear Sir—I have your esteemed favor of April 23 advising me of the organization of your Alumni Association and of your desire to cooperate with the Alumni Society of the University of Alabama.

As you say the Trustees of the University, who are now the Trustees of the Medical Department, have already recognized the graduates of the Medical College as Alumni of the University, and we will have a similar resolution passed at the annual meeting of our society on May 28.

I want to say that personally I have for some time back been considering the graduates of the Medical Department as Alumni of the University in spirit and in fact, and have been calling on them for assistance, to which they have responded most heartily.

The movement your graduates have made to organize is, in my opinion, one of the best things that has ever happened for the Medical Department at Mobile. Any college's or university's work must be judged not by the students while they are at the institution, but rather by the men after they get out in the world—in other words the Alumni. Unless these Alumni show an interest in their institution and occasionally go back to visit it is hard to see how we can expect the public in general to take any particular interest. The same argument applies to the young students who are going to study medicine.

I strongly advise your Association to start the custom of having each class hold a reunion every five years; for example, next year you should have the reunion of the classes of '03, '08 '93, '88 and so on back. You will soon find that these reunions are sources not only of great good to the Medical Department, but are also occasions of great personal pleasure and rejuvenation to the members individually.

I want to take this opportunity of inviting you and all other graduates of the Medical Department to our annual commencement in Tuscaloosa from May 26 to May 28. The reunions of all war-time classes and the laying of the first corner-stone of the Greater University I think will be an inspiring occasion.

If I can be of any assistance to you officially or individually in your work please don't hesitate to call on me or the other officers of our society. With kind regards, I am yours very truly,

Hill Ferguson.

Tuskegee, Ala., April 23, 1907.

Mr. Hill Ferguson, President of the Alumni of the University, Birmingham, Ala.:

Dear Sir:—I suppose that you have noticed in the newspapers of last week the fact that the Alumni Association of the Medical Department of the University of Alabama was reorganized in Moblie on

last Tuesday, April 16. At that meeting I was elected President of the Association for the ensuing year. I write to state to you, as the President of the Alumni Association of the University of Alabama, that the Alumni of the Medical Department are ready and anxious to co-operate with you in every way possible. Since the trustees of the university have declared in a resolution that all graduates of the Medical College of Alabama should be looked upon as Alumni of the University of Alabama, we feel that we have a personal interest in the future welfare of the "Greater University," which will soon be an established reality. We enrolled in the meeting at Mobile about sixty members, and we hope soon to increase this number to two hundred and fifty.

The officers of this Association together with the executive committee, which was appointed to work in co-operation with the officers, will endeavor to get all of the graduates of the Medical Department to join this Association. We shall communicate with all of them either by letter or in person, and shall impress upon them the absolute necessity of their co-operating with us in our effort to upbuild both the Medical College and the University. We shall endeavor also to get as many of the Medical College graduates as possible back to Mobile each spring so that we may have annual meetings of our Association. At these meetings we will be able we hope to get the graduates of each year to join the Association, and have them leave the college with the desire and intention to do all in their power to help on this great movement towards the building of a "Greater University." We shall try to induce the graduates of the Medical College to attend the commencement exercises of the University in May this year, and thus get them to realize more fully that they are Alumni of the University and that they are in reality a part of that body of men who have done so much to stamp their character and influence upon the history of the state.

I would appreciate it very much if you would write me and suggest any methods that you think advisable to adopt in our efforts to arouse the interest and co-operation of the doctors. A great deal of enthusiasm was displayed by the members of the Association at Mobile, and they all seemed anxious to help the University of Alabama in any way possible. We believe that the reorganization of the Alumni Asso-

ciation of the Medical College will result not only in great good to the college in Mobile, but in great benefit to the University; and I desire to assure you that all of the members of this Association are ready and anxious to join with you and your Alumni in your most worthy efforts to build the "Greater University." I will thank you for any suggestions that you see fit to make along the lines mentioned above.

Very truly yours,

L. W. Johnston.

POWDER BURN OF FACE.

By E. Kuder, M. D., Coffeyville, Kans.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, ten years old, who when playing with other boys exploded about two ounces of coarse black shooting powder in a little earth mount, and not being quick enough to turn away got the most of the discharge into his face; even the conjunctivae of both eyes were blackened, and from the burn and subsequent inflammation shut tight; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with Antiphlogistine, an dapplied it about one half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one half hour later the little patient, a very sensible child, rested very comfortable free from pain and slept a few hours soundly. About twenty-four hours later I removed the whole mask from the boy's face and to my great delight and surprise the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with a solution of Cocaine adrenalin.

Another remarkable circumstance is the fact that the boy at the same time got entirely rid of his freckles, not a trace of the latter could be detected.

For about a week the face got anointed with cold cream twice daily, and being well was discharged as cured.

Society Reports.

THE JEFFERSON COUNTY MEDICAL SOCIETY.

Regular meeting held March 25, 1907, Dr. B. L. Wyman, President, in the chair and Dr. A. F. Toole, Secretary.

Papers were read on the following subjects: "Otalgia: Etiology and Treatment," by Dr. Geo. H. Stubbs (Read by Dr. A. B. Harris in the absence of Dr. Stubbs); "Pathology and Treatment of Acute Suppurative Otitis Media," by Dr. B. D. Sibley, and "Acute Mastoid Diseases," by Dr. Carl Fox. (For the above papers see original communications in this issue.) In discussing these papers Dr. W. G. Harrison said:

Mr. President—One day last week I heard several physicians discoursing on the improvements recently inaugurated in the Jefferson County Medical Society, and one said he was inexpressibly bored with the empty compliments—the insipid flattery of the discussions. He remarked if a man couldn't disagree and attack the paper he ought to sit quietly and listen.

If such be the basis of discussion this evening I have little to say. I can not urge that I disagree with any statement heard; at the same time one might talk several hours and still just elaborate what has already been said.

Every doctor is more or less an index to or a reflex of the teaching he has had. Men trained in New York under some special teacher will handle a case just a bit different from one trained in Philadelphia, Boston or Chicago.

There are two strong Germans—Palitzer of Vienna and Schwartze of Halle—whose teachings have practically permeated all our literature of ear diseases and moulded the practice of men in every clime.

One man is very radical—the other a bit more conservative, and it is characteristic of the pupils following each leader—one will operate on a case while another will delay and employ medical measures. They differ perchance in individual cases, but in any large collection of cases their results are practically the same. There is much to be said of otalgia that could not possibly be crowded into a brief paper of twenty minutes, the time allotted to Dr. Stubbs. He refers at length to pain of the inflammatory origin. I've been accustomed (following Palitzer's

text-book) to limit the word otalgia to mean pain other than that of inflammatory origin. This limits the word largely to cases of reflex or referred pain.

You will probably remember, Dr. Cunningham, when you were president of the State Medical Association at the Selma meeting, that Dr. Eckley of Chicago sent down a paper on Reflexes. In this paper he referred to the pain of certain heart lesions being often noticed in the little finger of the left hand and in the outer rim of the auricle. The latter statement seemed far-fetched then, but soon after returning home I found an old gentleman with severe pain in the outer ear. He had a rough aortic murmur.

The relationship between the conditions was hypothetical but as active exercise increased the heart action and the ear pain was correspondingly aggravated it appeared to be a verification of Dr. Eckley's statement. Since then I've seen one other case and have heard of several. As the heart is richly supplied from the pneumogastric, and the latter sends an important branch to the external ear, it is quite likely the observation of Dr. Eckley is entirely correct. Certainly it comports with our knowledge of reflexes elsewhere and is important to remember.

Another frequent cause of referred ear pain is an ulcer of the nasal septum, especially if the abrasion be about Kesselbach's triangle. It is here that the offending finger nail generally erodes the mucous membrane and produces an indolent sluggish ulcer. I've seen a couple of such cases. The membrane tympani looks normal, there is no aural tenderness, but irritation of the septal ulcer aggravates the ear pain every time.

A third cause of ear pain, and one frequently overlooked, is concealed irritation in the tonsils, especially that produced by the cheesy material of chronic locurior tonsillitis or calcareous concretions. The nerve connection between the tonsils and middle ear is exceedingly rich and we expect ear pain in all acute inflammatory tonsillar conditions, even when the Eustachian is not involved, but we are apt to overlook the relationship between a latent tonsillar trouble and otalgia.

Another cause of occasional attacks is malaria. This has been especially stressed by Italian observers.

Four years ago I was extremely interested in a case of this sort in a man who had a rise of temperature every day. The fever was always associated with extreme pain in one ear and in the testicle on the same side. Up to that time I had never heard of malarial otalgia nor of malarial orchitis. About the fifth day the man had a real chill. A blood examination revealed the plasmodia and quinine quickly cured his otalgia and his orchitis. Several months later he had a second attack of malaria and this also was accompanied by pain in the ear and inflammation of the testicle.

(We regret that our stenographer failed to get the balance of the discussion of these subjects.—Ed.)

THE ELMORE COUNTY SOCIETY.

The Elmore County Society held an interesting meeting at Eclectic on June 5th. Interesting papers were read by a number of prominent physicians. The local doctors gave a barbecue in honor of the visitors. Drs. J. A. Howle, T. L. Crawley, G. A. Cryer and J. M. Austin were the committee of arrangements. We hope to have a more extended report of this meeting for our next issue. The editor of the Journal regretted very much his inability to attend the meeting.

The Chattahoochee Valley Medical and Surgical Association will hold its next meeting in Opelika on July 9th and 10th. An interesting program has been arranged. Dr. J. A. Goggans of Alexander City is President and Dr. W. J. Love of Opelika is Secretary. The editor acknowledges a very kind invitation from the president to attend.

SOUTHERN RAILWAY SURGEONS' ASSOCIATION.

At the meeting of the Southern Railway Surgeons' Association held in Washington, D. C., on May 30, the following officers were elected: President, Dr. H. T. A. Lemon, Washington, D. C.; Vice-presidents, Drs. C. H. Starkel and T. J. Happel; Secretary, Dr. J. U. Ray, Woodstock, Ala. The next meeting of the Association will be held in Birmingham, Ala.

The Association of American Teachers on the Diseases of Children was organized at Atlantic City during the recent meeting of the A. M. A. Dr. S. W. Kelley, of Cleveland, Ohio, was elected president, and Dr. J. C. Cook, of Chicago, Ill., was elected secretary.

THE NURSING MOTHER.

The extra burden which a nursing mother has to bear, often places a greater tax on her strength and vitality than she can successfully meet. Rational treatment aims at an increase of her vital physiological functions, and a corresponding increase in her physical strength.

No remedy has a more positive value for this purpose than Gray's Glycerine Tonic Comp., and to many a physician it is the one tonic that meets every requirement in such conditions, as it is not only remarkably effective but has no contra-indications.

PERTINENT THOUGHTS.

The epidemics of la grippe which have made their annual onslaughts for some years, have taught us that this disease, once considered of no serious consequence, is so dangerous and difficult to treat, that any suggestion regarding medication is always gratefully received.

With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging action of skin and kidneys, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of Antikamnia & Codeine Tablets in the stage of pyrexia and muscular painfulness. This tablet, containing 4 3-4 grs. antikamnia, and 1-4 gr. sulphate of codeine, is a sedative to the respiratory centres. In the treatment of la grippe and its sequelae, its value is highly esteemed. In diseases of the respiratory organs following an attack to la grippe, pain and cough are the symptoms which especially call for something to relieve. This combination meets these symptoms, and in addition, controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. Exhibited in the grinding pains which precede and follow labor; in the uterine contractions which often lead to abortion; in the various neuralgias, and in all neuroses due to irregularities of menstruation, this combination affords immediate relief. In these last conditions, always instruct that tablets be crushed before taking.

Editorial.

W. H. BELL, M. D., Editor.

COLLABORATORS:

T. W. Ayers, M. D., Hwang-hien, via Chefoo, China.
J. T. Searcy, M. D., Tuscaloosa
L. C. Morris, M. D., Birmingham.
J. A. Goggans, M. D., Alexander City.
W. W. Harper, M. D., Selma
Frank T. Smith, M.D., Chattanooga, Tenn.
E. D. Bondurant, M. D., Mobile
B. L. Wyman, M. D., Birmingham
Thomas D. Parke, M. D., Birmingham, Ala.
W. H. Wilder, M. D., Birmingham,
D. F. Talley, M. D., Birmingham.

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"Typhoid Bacillus Bearers and the Prevention of Typhoid Fever."

In an editorial, which appeared in The Journal of the American Medical Association of May the 11th, entitled "Typhoid Bacillus Bearers and the Prevention of Typhoid Fever," the editor seems rather to despair of stamping out typhoid fever because, for one thing, "We can not tell who these bearers are," etc.

We have no special plan to offer for stamping out typhoid, but as physicians we can at least regard the fight as (as has been said of politics) a science of the second best. We can at least do a great deal,

if we try, in very much reducing the number of cases that so uselessly occur each year.

As it is impossible to tell who these bearers are the obvious course is to do as many of us have always been trying to do, make people regard all people as bearers of the germ, at least as far as their feces and urine are concerned. These in the first place should in all cases be so disposed of that they can not contaminate the water or milk supplies.

Again, and of equal importance, traps, urinals, bed-pans and everything in the sick room and the room itself, should be protected from the flies that they may not get infectious material on their legs and deposit it on the food in the kitchen, dining room or elsewhere.

The most important matter of all, in our estimation, in our fight against typhoid, is making the people feel their share of, or the whole responsibility in, avoiding the sources of infection by telling them the few plain facts about it.

We should tell them that every case is caused by the bacillus getting into the intestinal canal and that they must keep it from getting there. That if there is any suspicion of the water they must boil it, but that the water is very seldom infected, taking as evidence epidemics of which there have been very few, and that there hav been thousands caused by case to case infection where there has been one occurring in epidemics caused by water. That if water causes some of the occasional cases there is not perfect proof of it.

On the other hand we should teach them that all dirt is dangerous and then we have to point out to them what we mean by dirt that we are liable to swallow and get typhoid from; that house, yard and street dust blowing in at the window on to the food on the table and on the fruit at the stand at the corner, especially the bananas that are over ripe and cracked open, is dangerous; that the dirt children get on their hands in the yard, house or street is dangerous, because they eat with it on their hands at meal time or between meals; that persons who go in the typhoid sick room get the germs on their hands from touching the patient or the bedding or other things in the room and then swallow them when they go to the table or eat between meals.

They should know the important part the flies play in carrying the germs from the sick room, the closets and even from the man-hole of

the sewer in front of the house and that he can bring it from any distance by travelling in carriages, street cars and by following horses for miles.

House-wives should be told that the common house fly breeds in horse manure and nowhere else, and that the way to keep down their number is to see that the manure of their own stables and that of their neighbors is carried off at least twice a week and that not the smallest bit of it is left where a fly can lay her eggs.

Tell the wife all this (we say the wife advisedly) and then ask her on each point if the remedy suggests itself: she will at once say that she will keep the flies out of the sick room and the dining room and kitchen, she will try to keep the children from eating fruit that has been exposed; and she will see that everybody washes his or her hands when they eat. Also she will not be afraid to fight with her neighbors about the manure pile. Withal she will wonder why this has never been impressed on her before; that heretofore her doctor has given her the impression that the water was the cause of all the typhoid and that it was not contagious in any other way. She saw something in the paper every year about boiling the water, and that although one of the children at least and several of the neighbors' children had had it every year, in spite of boiling the water, she had gone on believing it was the water.

Of course when scarlatina, measles, diphtheria or mumps appears in a neighborhood speculation is rife instantly as to the source of the infection and the mother feels at once guiltily responsible for allowing her child to be exposed. But in typhoid after she has boiled the water it is up to the Lord and the water company.

The matters of bacillus bearers and preventive inoculation are of marked scientific interest; but general knowledge of them would, like the water question, tend to salve that wholesome irritant, personal responsibility, and cause the people to relax their own energies without which this disease can scarcely be lessened.

Like any other disease it is important to begin fighting it before it is wide spread, and here it is most important to begin fighting before the flies get the start of us. We can not stop the breeding of flies altogether, but we can very materially lessen their numbers, say a thousand to one, by destroying their breeding places. The people should

know this and its importance be impressed upon them. It would be of the utmost practical importance if in a large measure the flies were themselves looked upon as the germs of typhoid fever. It has been a matter of observation with us for several years that the typhoid and the flies come together and go together in almost the constant relation that mosquitos bear to yellow fever, and that much rain in May and June delay the advent of both flies and typhoid; probably due to the fact that most flies are bred in the manure pile just outside the stable door and that while it is raining the flies do not get an opportunity to lay their eggs and the mass being wet and cold will not hatch those that have been laid. It is probably quite as important to destroy the manure-pile breeding place of flies as the rain-barrel incubator of the mosquitos.

Dr. Brown's Communication.

In this issue of the Journal appears a communication from our friend and colleague, Dr. Geo. S. Brown, which purports to be a reply to an editorial in our April number, just preceding the recent meeting of our Association. Had the communication remained unsigned no difficulty whatever would have been experienced in "guessing" the author, so characteristic is it both in tone and style.

So little does the communication contain in the way of formidable attack upon positions defended in the editorial in question, and so much in the way of ventilating wrongs alleged to have been suffered by the author at the hands of the Association, that the article might well have borne the title, "A personal grievance."

It is an open secret that our correspondent has tenaciously nursed a fancied grievance against the Association for the past eight or ten years, and now that he has aired his grievance at considerable length, it is cause for congratulation that the explosion of the long pent up combustibles will result in no harm whatever to the cause of organization in Alabama.

If this explosion may be accepted as a sample of the ordnance available, "the man behind the gun" might be permitted to continue firing, so long as he is either amused or entertained thereby.

Sarcasm is an economical substitute for argument, but when attempts at sarcasm fall harmless at the feet of those against whom it is aimed, who is hurt?

In sharp contrast with the futile attempts the communication makes to deal in irony is its overflowing abundance of erroneous and untenable positions interspersed with severe reflections on the intelligence and fairness of the Association. The communication also reveals a lamentable failure on the part of the author to estimate at their true value some of the great objects of organization, and the imperative necessity of adopting the proper methods of securing those objects.

The time will come when Dr. Brown and every other member of the organized profession in the state will concede that the application of what we learn of disease to the prevention of disease is quite as important as acquiring the knowledge, that is, that the organization and enforcement of a public health system is quite as much the duty of the medical profession as to study the science and art of medicine.

As space in this issue of the Journal does not admit of anything like a complete analysis of, and rejoinder to, Dr. Brown's somewhat lengthy communication, an effort to do that will be made in the next issue of the Journal, feeling assured in the meanwhile that no loyal member of the organized profession of the state will permit his faith in the correctness of our system to be shaken by an attack so vulnerable as that made by Dr. Brown.

A Correction.

We apologize to Dr. J. H. Edmonson and to our readers for an error in the title of his paper which appeared in the April issue of the Journal. The title should have been "Differential Diagnosis of the Exanthemata," instead of "Scarlet Fever: Differential Diagnosis," as it appeared.

Personal Notes.

Dr. W. H. Sanders of Mobile was one of the representatives from Alabama in the House of Delegates at the meeting of the A. M. A.

Dr. John Wade Watts of this city was married on June 5th to Miss Annie Perry Reid also of Birmingham.

We enjoyed visits from Dr. W. A. Burns, the Physician Convict Inspector, and Dr. J. L. Batson, of Gurnee, recently.

Dr. P. G. Dunlap, of Adger, returned a few days ago from a trip to Indian Territory and Oklahoma.

Drs. J. C. Abernathy and J. W. Barclay of this city attended the recent reunion of the Confederate Veterans held in Richmond, Va.

We had a pleasant call a few days ago from our friend, Dr. D. L. Wilkinson of Montevallo, the physician for the Girls' Industrial School at that place.

Dr. Charles Hunter Drake, of Birmingham, was married to Miss Carrie Linden Helden at the First Methodist Church, Florence, Ala., on Wednesday evening, June 12.

Dr. Mason, of Johns Hopkins University, visited his brother, Dr. J. M. Mason, of this city for a few days the latter part of May, and attended a meeting of the Jefferson County Medical Society.

Dr. Robert S. Greene died at his home at Green Station in this county on May 20th. Dr. Green was seventy-two years old, and has been on the retired list for several years. He was formerly a member of the state legislature.

Among the Birmingham doctors attending the meeting of the American Medical Association held in Atlantic City on June 4th to 7th were Drs. L. C. Morris, J. D. S. Davis, T. D. Parke, Cabot Lull, J. Ross Snyder, W. P. McAdory, S. L. Ledbetter and Louis Whaley. Drs. L. C. Morris and J. D. S. Davis were members of the House of Delegates and Dr. J. Ross Snyder was chairman of the Section on Diseases of Children. The subject of Dr. Snyder's address was "The Status of the Child."

Dr. Joseph B. Greene will leave this week for Cleveland, Ohio, where he will be married to Miss Sarah Ingersoll on the 26th inst. He will tour Europe with his bride, and will attend lectures in several of the medical universities of the old world. In October they will return to Birmingham and will be at home to their friends at Earle Place, the ancestral home of the Greene family. Dr. Greene was surgeon in the U. S. Navy for several years and was with Dewey in the battle of Manilla Bay. He recently resigned from the Navy to practice medicine among his home people, and is one of the very few physicians of Birmingham who are autochthonous or native to the soil

Miscellaneous Notes.

After the removal of alcohol, CELERINA given in doses of from one-half to one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

Thomas W. Forshee, M. D., of Madison, Ind., writing, says: "It is a pleasure to me to add my testimony to the hundreds of other physicians in attesting the merits of Sanmetto. I have used it extensively in my practice since its inception, and without any failures where it was typical. For vesical irritation in both male and female I find it perfect. Not that every case is cured by it, but when I make failures I find them due to some mechanical displacement, or to tuberculous conditions. For prostatitis I have never found any remedy that approximated it. I have used it myself with remarkable success. It is not necessary for me to say that I shall continue its use where indicated."

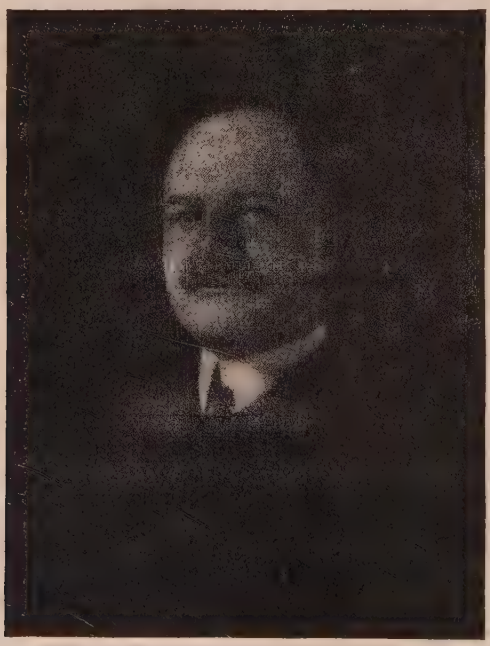
EVERY PHYSICIAN KNOWS.

Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a "stitch in the side" following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called "Antikamnia & Salol Tablets" containing 2 1-2 grs., each of antikamnia and of salol and the dose of which is one or two every two or

three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes uric acid and clears up the urine. This remedy is a reliable one in the treatment of diarrhoea, entero colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours will give results that are gratifying.

FRANK G. RYAN ELECTED PRESIDENT OF PARKE, DAVIS & CO.

The presidency of Parke, Davis & Co., left vacant by the death of of Theodore D. Buhl, has been filled by the advancement of Vice President and Secretary Frank G. Ryan—an announcement which will be



MR. FRANK G. RYAN,
Elected president of Parke, Davis & Co., just after returning from a trip around the world.

greeted with pleasure by Mr. Ryan's numerous friends throughout the country.

Mr. Ryan was so ideally equipped for this great position that he began to march towards it with what is now seen to have been almost predestination, as soon as he joined fortunes with the house seven years ago. He left the faculty of the Philadelphia College of Pharmacy in the spring of 1900 to become Chief Pharmacist of Parke, Davis & Co. At the end of three years he had made himself so valuable in the councils of the house that he was elected to membership on the Board of Directors. A year and a half later he was given the important post of secretary. Six months later still he was elevated to the vice-presidency. And now, after barely another year, he is given the very highest position within the gift of the house, and one might say without fear of contradiction, the greatest and the most responsible position yet created in the drug trade of the country.

Born in 1861 in Marcellus Falls, New York, Mr. Ryan was educated in the public schools of Elmira, and then spent three years in the well-known pharmacy of Brown & Dawson in Syracuse. In 1882 he entered the Philadelphia College and was graduated two years later at the age of 23. Two or three years were next spent in various Philadelphia stores, and then he was made assistant professor of pharmacy in his alma mater. In 1898 he was given charge of the course in commercial training then established in the P. C. P., and in the meantime he had been made lecturer on pharmacy in the Woman's Medical College of Philadelphia. In June, 1900, Professor Ryan resigned all his connections in Philadelphia and went into the house of Parke, Davis & Co.

The secret of a man's success is never easily analyzed, but it may be said of Frank G. Ryan that he represents that rare, that ideal combination of technical knowledge and experience on the one hand, and business grasp and executive ability on the other. These qualities are all but incompatible, and he who unites them successfully has discovered a philosopher's stone. As president of Parke, Davis & Co., Mr. Ryan will be capable of understanding thoroughly every scientific detail of the vast business now confided to his care, and he will also exhibit that larger vision and that greater capacity for administration which will carry the house forward to conquests even more brilliant than those which have been registered in the past.

Mr. Ryan, accompanied by his daughter Helen, had returned from a seven months' trip around the world only a week or two before his election to the presidency. His main object was to further the interests of his house in Japan, China, and India, but he also visited Manila, Ceylon, Egypt, Paris, and London. In Manila an agency was established, which adds another to the considerable list of foreign branches now conducted by the house. In London, on his way back, Mr. Ryan was the guest of honor at two banquets attended by men prominent in British pharmacy and medicine, and when he landed in New York he was greeted at a large reception held at the house of Dr. Jokichi Takamine.—Bulletin of Pharmacy, May, 1907.

"SUMMER COMPLAINT."

During the summer months gastroenteric diseases, in which diarrhea is a prominent symptom, are very prevalent and most fatal in infants and children. After correcting all hygienic and dietetic errors an imperative indication is to empty the small intestine and overcome the fermentation and decomposition going on in the alimentary tract.

Phillips' Milk of Magnesia, in doses of a tea to a tablespoonful is a safe laxative for infants and children, and after clearing out the intestinal canal, small doses five to fifteen drops in a teaspoonful of steril cold water, every 2 or 3 hours, will act as an antacid and gastric sedative controlling nausea and vomiting, and checking any further gastric or intestinal fermentation. It may be combined with opiates, carminatives, astringents, or antiseptics. The mouths of infants and children suffering from "Summer Complaint" need prompt and careful attention, and this can be successfully carried out by swabbing the buccal cavity with Phillips' Milk of Magnesia and wiping the gums with absorbent cotton or a piece of soft linen moistened with it.

THE PASSING OF WINTER.

With the passing of winter many an individual without being actually sick is still weak and debilitated, tiring easily, with greater or less susceptibility to every changing wind. The intelligent physician promptly overcomes this condition by suitable medication, and no more efficient tonic can be employed, than the well-known Gray's Glycerine Tonic Comp.

CHRONIC METASTATIC INFECTIONS.

I desire to speak especially before closing of certain *chronic metastatic infections* which tend to be recurrent, polyarthritis on the one hand, and endocarditis on the other. A great deal of new light has been shed upon the infectious forms of arthritis in the recent past, light which has come largely through the co-operation of physicians, bacteriologists, pathologists and orthopædic surgeons. The younger Boston school of orthopædists, with Goldthwait at its head, have helped us especially. It seems tolerably clear now that the majority of the so-called acute and sub-acute rheumatisms, many of the so-called chronic rheumatisms, and at least a part of the cases of arthritis deformans are instances of infectious polyarthritis. As a result of a primary focus of infection situated somewhere in the body, a few bacteria get over into the blood and are carried to the joints, where they set up the arthritis. If the primary focus of infection is cured and does not recur, there may be only one acute attack of arthritis, but where the primary focus persists and undergoes recurrent exacerbations the joints may be repeatedly metastatically infected.

One very practical point in this connection has resulted, and that is this: *we have in such cases to seek especially for the primary focus of infection, and having found it, we must get rid of it in order to prevent further metastatic infection.* It would appear that in a considerable percentage of the cases the primary focus of infection is in the throat, particularly in the palatine tonsils. Even where the tonsils are atrophic and superficial examination reveals no obvious lesion, it is sometimes found that if the tonsils are extirpated the patients get well, and examination of the extirpated tonsils reveals local infection. The series of cases recently studied by Goldthwait, and operated upon by Goodale, is very convincing.

If the palatine tonsils are not the seat of the primary focus of infection, the pharyngeal tonsil should be carefully examined, as should also the gums, since in certain instances a pyorrhea alveolaris (Rigg's disease) appears to be responsible for the metastatic infection. We have long had a paradigm of these metastatic infections before us in the form of gonorrheal arthritis, the primary focus of infection being

the urethra or prostate, but we have been slow to recognize that other forms of acute polyarthritis are also metastatic in origin and dependent upon the existence of some primary infected focus. In women the uterine canal or the Fallopian tubes may be the seat of the local infection which is responsible. Occasionally we have to suspect an otitis media or infection of one of the para-nasal sinuses as the initial disease. Now and then bronchial or pulmonary infection or infection of the mucous membrane of the intestine may be the primary process. A large part of our success in treatment of these chronic forms of arthritis will be dependent upon our ferreting out the primary focus of infection and getting rid of it.

Since my attention has been called to the importance of this conception of a primary focus of infection in the etiology of polyarthritis, I have been turning over in my mind, also, the many cases of endocarditis which we see in young people, cases in which the endocardium may be repeatedly attacked, sometimes with complicating pericarditis. It seems to me probable that we have to regard such cases as similar instances of metastatic infection from some primary focus of infection. We all know how common it is to have an endocarditis associated with a polyarthritis, and how frequent it is to meet with an endocarditis as a complication of various local pyogenic infections. In a great many instances the endocarditis is secondary to a primary tonsillitis and the recurrences of the endocarditis are associated with recrudescences in the throat. I believe that we shall be able to do a great deal to prevent the progress of endocarditis in young people. Once a joint has become infected or the endocardium attacked, we shall make it our duty to search for the primary focus and treat that infection, and in many instances, especially where the tonsil is involved, we may without great danger excise the primarily infected organ and thus prevent a recurrence of the attacks. In very young children one might hesitate to remove the tonsils for fear of some protective function or of some function or internal secretion necessary to the welfare of the child. In later life, after the tonsils have begun to become atrophic, such dangers need scarcely be considered. In view of the fact that the palatine tonsils are

only a part of Waldever's ring, and inasmuch as the lingual tonsils are never removed by operative procedure, it would seem likely that the tonsillar function of internal secretion would be sufficiently carried on even in young children after the palatine tonsils have been excised There is now a large bibliography on the subject of infections through the tonsil. It has been very well reviewed in the recent address given by Dr. Isaac Adler, of New York. Physicians have for a long time been familiar with the close relation which exists between tonsilitis, rheumatism and endocarditis, but action has scarcely kept pace with knowledge. The time has come when an acute tonsilitis should always be regarded as a very serious infection, owing to the possibilities of metastatic infection therefrom. No case of acute tonsillitis should be considered as trivial. The patient should be placed in bed at once and active measures taken to combat the local infection. Once metastatic infection has occurred, the quicker we make further metastatic infection from the same source impossible, I think, the better. I believe that from now on physicians are going to be able to prevent a great deal of polyarthritis, endocarditis, and perhaps acute and chronic nephritis, by recognizing this conception and acting promptly upon their convictions. It is the general practitioner who meets with these primary infections in the tonsils and elsewhere, and it is he to whom the great majority of patients must look for the recognition of the danger and judicious prophylactic advice.—Lewellys F. Barker, M. D., in Brooklyn Med. Journal.

THE DIVORCE OF SURGERY FROM MEDICINE.

Five years ago, Grocco, a Florentine physician, described a new physical sign, which has since borne the name of Grocco's sign, and which is described as a paravertebral triangle of dullness, demonstrable in all cases of pleural effusion. The triangular area of dullness lies over the base of the lung, on the non-affected half of the chest, one of the sides of the triangle corresponding to the spinal column.

We deliberately refrain from a more detailed description of the sign and from a discussion of the principles underlying its causation. Our

purpose is neither to question its value as a diagnostic aid, nor to point out the constancy with which it occurs. This has all been done within the last few weeks, in an admirable paper by W. S. Thayer and Marshal Fabyan, in *The American Journal of Medical Sciences* for January.

Our object in calling attention to this new discovery is to emphasize the fact of comparative disinterestedness on the part of surgeons towards the science of diagnosis. One can predict with a reasonable degree of certainty, that the paper of Thayer and Fabyan will be abstracted in few, if any, surgical journals. At all events, surgical literature, up to the present time, has devoted practically no space to Grocco's sign. And why? A microscopically modified incision for appendicitis, a questionable variation in the methods of dressing a skin graft, a doubtful method of coaxing a rebellious testicle to abide in its scrotal domicile, all these will be accorded pages of comment. The modern surgeon tends to lose himself in a vertiable maze of technique. He has neither time nor inclination to consider any confirmatory evidences, afforded by auscultation, of the existence of pus in the chest, for his energies are all used up in determining whether that pus should be evacuated through an intercostal incision or through a resected rib, whether the severed intercostal arteries should be ligated with catgut, plain silk, impregnated silk, or possibly, with linen thread.

There is no reason in the nature of things why surgery should display the slightest degree of apathy in regard to diagnosis in the purely physical sense. Auscultation and percussion are as willing handmaids to the surgeon, as are his scalpel and forceps. He should not force himself into the position where he must rely almost implicitly upon the opinion of the internist, and unless he trains himself to reach independent judgment, as a result of carefully conducted physical examinations, his position differs only in degree from that of the barber surgeons of old. It is a pregnant fact, that although this is an era of brilliant advance in the field of abdominal surgery, an advance made by surgeons, one of the most valuable resultant principles is, "when in doubt, open and see." It is this principle which is at the bottom of many of our unfortunately too frequent, autopsies *invivo*.

Of course, it must not be inferred that the surgeon's aim is to be able to dispense with the aid and counsel of the internist. The point is, that when surgeon and internist meet, in the presence of disease, the conference should be of such a nature that mutual aid is rendered. The surgeon must be as well equipped to elict and interpret physical signs as is the internist, and the internist, on the other hand must be able to appreciate purely surgical indications. On this basis, we believe that Grocco's sign is a sign for surgeons as well as for internists, and no operator should aspirate or empty a chest before he has attempted to confirm or deny the statement, that a sufficiently large accumulation of fluid in one side of the chest is always accompanied by an area of dullness at the base of the other side.—St. L. Med. Review.

THE THEORY OF THE TOXIC ORIGIN OF PERNICIOUS ANEMIA.

Austin W. Hollis and Norman E. Ditman describe various experiments that have been carried on in the search for knowledge concerning pernicious anemia. Herter has recently demonstrated the more or less constant presence of certain forms of anaerobic bacteria in the contents of the large intestine. These bacteria can break down proteids into a form which is used by other putrefactive bacteria, among which are the indolforming organisms. Indol occurs quite uniformly in excess in pernicious anemia. Indol produces toxic symptoms in animals whose oxidizing capacity has been decreased. The anaerobic bacteria are limited to the large intestine where they can be reached by therapeutic measures introduced into the lower end of the gastro-intestinal canal. Irrigation of or local applications in the colon are suggested as a means for their removal. The clinical results of the treatment by colon irrigation in these cases are very happy.—Medical Record, February 2, 1907.

INTESTINAL AUTOINTOXICATION.

What diseases have not been ascribed to intestinal autointoxication! Chorea, migraine, epilepsy rheumatism, pneumonia, chlorosis,

pernicious anemia and many others have been placed by some authors in the category of autointoxications. The latest addition by Fischer is acute coryza in children although little proof for the contention is offered. Who is not familiar with that practitioner who cures everything by careful attention to the bowels? And yet we have no conclusive evidence that intestinal autointoxication causes anything but the well known symptoms associated with diarrheal conditions. Perhaps, too, the old clinical syndrome of "biliousness" must be placed in this group, although the functions of the liver have by no means been worked out and the relationship of hepatic insufficiency to various morbid conditions is by no means clear. Whether our medicines disinfect the intestinal canal or alter the function of the liver is as yet undecided in most cases. It will not do to assign to intestinal autointoxication any important role in the etiology of disease until greater proof has been furnished.—Courier of Med.

VARICOSE VEINS OF THE LOWER EXTREMITIES AND THEIR TREATMENT.

P. T. O'Connor considers the cause of various veins as predisposing and exciting. The valves of the veins play an important part in the etiology of varix. Occupation also plays an important part in the production of varicose veins. Those whose work keeps them habitually on their feet are apt to suffer. There seems to be an hereditary influence also which predisposes to this condition. The writer believes that it is not alone the greater degree of surgical skill and dexterity that determines success in the management of the cases, but a factor of equal importance appears to be the aseptic precautions necessary to be carried out before, during, and after manipulation.—Medical Record, February 2, 1907.

KOCH'S EMULSION OF BACILLI IN THE DIAGNOSIS OF INCIPIENT THORACIC TUBERCULOSIS.

William Meyer gives the history of twenty-eight cases of incipient tuberculosis which have been taken from private practice. In these cases an early diagnosis of the disease was made by means of Koch's new tuberculin (emulsion). From the results which the writer has been able to obtain by this method he believes that the bacillary emulsion offers a valuable means of determining early tuberculosis which could not be positively discovered in any other way.—Medical Record, February 23, 1907.